



**BIBLIOTHECA
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CANADIANA**

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The *Bibliotheca Medica Canadiana* is a vehicle providing for increased communication among all health libraries and health sciences librarians in Canada. We have a special commitment to reach and assist the worker in the smaller, isolated health library. Contributors should consult recent issues for examples of the type of material and general style sought by the editors. Queries to the editors are welcome. Submissions in English or French are welcome, preferably in both languages.

Bibliotheca Medica Canadiana veut améliorer la communication entre toutes les bibliothèques et bibliothécaires eux-mêmes mais plus particulièrement réjoindre et aider ceux qui oeuvrent seuls dans les petites bibliothèques. La rédaction recevra avec plaisir commentaires et opinions. A ceux qui voudraient participer à la rédaction, on suggère de suivre pour les références bibliographiques le format utilisé dans les nombres récentes de ce titre. Les articles, en français ou en anglais sont les bienvenus, mais il serait préférable de les rédiger dans les deux langues.

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MANUSCRIPTS

The editors of *Bibliotheca Medica Canadiana* welcome any manuscripts or other information pertaining to the broad area of health sciences librarianship, particularly as it relates to Canada and to specific theme issues as they occur.

Contributions should be submitted in duplicate and the author should retain one copy.

Contributions should be typed double-spaced and should not exceed six pages or 2100 words.

Pages should be numbered consecutively in arabic numerals in the top right-hand corner.

All contributions should be accompanied by a covering letter which should include the author's (typed) name, title and affiliations, as well as any other background information that the contributor feels might be useful to the editorial process.

Articles may be submitted in French or in English but will not be translated by the editors or their associates.

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Spelling shall conform to that of the **Oxford English Dictionary**; exceptions shall be at the discretion of the editors.

Contributors who wish to submit their work in machine-readable format should contact the editors in advance to ensure that compatible equipment is available in the editorial offices.

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All references should be given in the Vancouver style; see **Canadian Medical Association Journal** 1985; 132: 401-5.

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Illustrations and tables should include appropriate titles.

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FROM THE EDITORS

As a new editorial team takes over the production of *Bibliotheca Medica Canadiana*, and the editorial address changes from Toronto to Hamilton, readers will note a number of alterations in our appearance. This altered appearance signals the advent of desk-top publishing in our association; we have moved from the big word-processing machine at the Ontario Medical Association to the microcomputer facilities of the Health Sciences Library at McMaster University. It is now possible to produce camera-ready copy anywhere (and any time) the Editor can plug his Personal Portable IBM into a standard wall outlet. Volunteer editing was never before so easy !

This innovation promises significant benefits for the future of our journal. Many who were previously unable to consider taking on the job of editing such a publication -- because they hadn't a secretary, or because they felt they couldn't produce adequately attractive copy, or because they didn't want to expose their inability to spell to the world -- can now purchase a word-processing program that will practically do it all for you. Desk-top publishing is something everyone can do. It is likely that there will be many members clamoring for the position of Assistant Editor by the time Lynn Dunikowski moves up to become Editor next year. That is certainly what we hope, at any rate. Each of you should consider it, since a steady stream of volunteers for all association offices and positions is what keeps our organization alive.

There are a number of people to be thanked for having brought us thus far; those uppermost in the Editor's mind at the moment are:

Jan Greenwood, who as Editor for the whole of volume 7, and the past year, not only taught us all we know, but contrived (with, really, the slightest inducement) to begin every lesson in a new Toronto restaurant; ah ! if only weight gain indicated success . . .

Michael Ridley, whose patience in solving the Editor's early problems with WordPerfect and the office LaserJet printer is exceeded only by his remarkable ability to recite portions of certain papers appearing in this issue which he claims to have seen rather frequently . . .

Liz Bayley, who has proofread every jot and tittle in this issue, and some that didn't make it, as well; she has a vicious red pencil !

Much of this issue is devoted to the publication of papers presented at our 10th annual conference which was held in Montréal in June 1986. These papers are presented in the hope that members who were unable to attend will benefit from the conference by reading these presentations, and that those who did attend will re-encounter these ideas with pleasure. A report on the association's membership survey is also printed in this issue so that we can all begin to know CHLA a little better. Read with interest; respond with gusto ! Letters to the Editors are welcome.

Tom Flemming
Editor

Lynn Dunikowski
Assistant Editor

A WORD FROM THE PRESIDENT

Dorothy Fitzgerald

Director, Health Sciences Library
McMaster University
Hamilton, Ontario

I would like to take this opportunity to tell you about a major development which will have implications for all of us. Last year saw the beginning of a joint venture by the Canadian Health Libraries Association (CHLA) and the Special Resource Committee on Medical School Libraries (SRCMSL) of the Association of Canadian Medical Colleges (ACMC). The purpose of this effort was to obtain funding to do a survey of a segment of the health sciences library community in Canada. In October of last year, a Project Team was appointed to explore funding possibilities and consider the possible scope of the project. The membership of the team -- Ann Manning (Chair) from Dalhousie, David Crawford from McGill and Dorothy Fitzgerald from McMaster -- allowed for representation from both CHLA and the ACMC Special Resource Committee on Medical School Libraries.

This effort has resulted in CISTI awarding a \$66,000.00 contract to ACMC to carry out this survey. During the summer the Project Team was expanded to include Wilma Sweaney of Saskatoon and Dr. de G. Vaillancourt, the Executive Director of ACMC. This change took place when it was decided that ACMC was to administer the contract. In early September the Project Team met in Ottawa to interview candidates for the position of Project Officer. Excellent candidates were considered and we are very pleased that Mrs. M.A. (Babs) Flower of Kingston, Ontario, has been selected to carry out this important work. Babs has been well known to many of us for a number of years and has been actively involved in promoting improved hospital library services at both the local and national levels. Her professional experience at McGill and at the Ontario Medical Association, and her work in designing and presenting CHLA CE courses and in producing CanHealth: a guide for Canadian Health Libraries indicate some of the background she will be drawing on during this next six months.

The project will be primarily a survey of the 16 medical school libraries and the 82 teaching hospital libraries in the country, and CISTI. It will involve an analysis of existing statistics, the gathering of additional statistics and interviewing of key library and education personnel at selected sites. A great deal of data will need to be gathered and analyzed in a very short period of time as it is necessary that this project be completed by March 1987. This will require some extra effort on the part of the libraries involved to work with Babs to provide the information required to make this project a success. If you are contacted by Babs, I urge you to cooperate with her on this major effort which will have future implications for all of us.

Babs will be meeting with the Special Resource Committee on Medical School Libraries of ACMC at their annual meeting in Toronto on October 5 and 6, where it is expected that she and the other Project Team members will benefit from the advice and suggestions of this group. Babs has also been invited to attend the next CHLA Board

meeting which is to take place in Hamilton on November 28, 29 and 30. While the project will be well underway by that time, it will be another important opportunity to review the progress of the project with one of the two organizations involved.

We are very fortunate to have this opportunity to review where we are today and to consider where we should be in the near future. The CISTI contract will allow us, in many ways, to update the landmark document, the Simon Report (Simon BV. Library support of medical education and research in Canada. Ottawa: Association of Canadian Medical Colleges, 1964). It will also allow us to see our services and resources from the perspective of our health sciences educators. The resulting report will, hopefully, lead us in the direction of a functioning health care information network in Canada.

* * * * *

UN MOT DE LA PRESIDENTE

Dorothy Fitzgerald

Director, Health Sciences Library
McMaster University
Hamilton, Ontario

J'attire votre attention sur un événement capital qui aura des répercussions pour nous tous. L'année dernière a marqué le début d'une démarche conjointe de l'Association des bibliothèques de la santé du Canada (ABSC) et du Comité spécial des bibliothèques d'écoles de médecine (CSBEM) de l'Association des facultés de médecine du Canada (AFMC). Le but était d'obtenir des fonds pour mener une enquête sur un secteur de la communauté des bibliothèques des sciences de la santé au Canada. En octobre dernier, une équipe du projet a été chargée d'examiner des possibilités de financement et l'envergure éventuelle du projet. Les membres de l'équipe, Ann Manning (présidente) de Dalhousie, David Crawford de McGill et Dorothy Fitzgerald de McMaster, représentaient tant l'ABSC que le Comité spécial de l'AFMC.

L'ICIST a signé un contrat de 66 000 \$ avec l'AFMC en vue de cette enquête. Durant l'été, l'équipe du projet a accueilli deux nouveaux membres: Wilma Sweaney de Saskatoon et le Dr de G. Vaillancourt, directeur administratif de l'AFMC. Ce changement a eu lieu lorsqu'il a été décidé que l'AFMC administrerait le contrat. Au début de septembre, l'équipe du projet s'est réunie à Ottawa pour interviewer les candidats au poste de chargé de projet. D'excellentes candidatures ont été considérées et nous sommes très heureux d'annoncer que Mme M.A. (Babs) Flower, de Kingston (Ontario), a été nommée à ce poste important. Babs est bien connue de plusieurs d'entre nous et elle a participé activement à la promotion de meilleurs services dans les bibliothèques hospitalières tant locales que nationales. Son expérience professionnelle à McGill et à l'Association médicale de l'Ontario, ainsi que son travail de conception-présentation de cours de formation permanente pour l'ABSC, puis de production de CanHealth: a Guide for Canadian Health Libraries, comptent parmi les antécédents qui lui viendront en aide au cours des six prochains mois.

Il s'agira surtout d'une enquête auprès des 16 bibliothèques d'écoles de médecine et des 82 bibliothèques d'hôpitaux enseignants du Canada, puis de l'ICIST. Il va falloir analyser les données statistiques existantes et en recueillir d'autres, et interviewer un choix de personnes clés en bibliothéconomie et en éducation. De nombreuses données devront être recueillies et analysées en très peu de temps puisque ce projet doit être achevé en mars 1987. Cela exigera un effort spécial de la part des bibliothèques participantes. Si Babs communique avec vous, je vous prie de bien vouloir collaborer avec elle dans ce travail important qui aura des répercussions pour nous tous.

Babs rencontrera le Comité spécial des bibliothèques d'écoles de médecine de l'AFMC à son assemblée annuelle à Toronto les 5 et 6 octobre. A cette occasion, elle et les autres membres de l'équipe du projet pourront bénéficier de l'avis et des suggestions de ce groupe. Babs a également été invitée à la prochaine réunion du Bureau de l'ABSC, qui doit avoir lieu à Hamilton les 28, 29, et 30 novembre. Le projet sera alors bel et bien en marche, mais ce sera une autre bonne occasion de constater l'avancement du projet en compagnie d'un des deux organismes participants.

C'est là une excellente occasion pour nous de faire un bilan et d'entrevoir l'avenir. Le contrat de l'ICIST nous permettra, à plusieurs égards, de mettre à jour le rapport Simon, qui a été un document marquant (Simon BV. Library support of medical education and research in Canada. Ottawa: Association des facultés de médecine du Canada, 1964). De plus, nous pourrons ainsi observer nos services et nos ressources du point de vue de nos éducateurs en sciences de la santé. Espérons que le rapport qui en résultera nous dirigera vers un réseau documentaire fonctionnel en sciences de la santé au Canada.

* * * * *

THE CANADIAN HEALTH LIBRARIES ASSOCIATION / ASSOCIATION
DES BIBLIOTHEQUES DE LA SANTE DU CANADA

will hold its 11th annual meeting in Vancouver, British Columbia

24 - 27 MAY 1987 at the HOLIDAY INN HARBOURSIDE

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For further information contact:

Nancy Forbes
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Biomedical Branch Library
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Vancouver, British Columbia V5Z 1L5

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REPORT ON THE CHLA MEMBERSHIP SURVEY AND CONTINUING EDUCATION NEEDS ASSESSMENT

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The Canadian Health Libraries Association (CHLA) Membership Survey and Continuing Education Needs Assessment was a joint project of the CHLA Education Committee and the Board of Directors, intended to be a means of gathering information for long-term planning.

In the summer of 1985, 367 questionnaires were mailed out with the *Bibliotheca Medica Canadiana*, and 245 were returned, giving a response rate of 66.7%. The data were tabulated by the Statistics Consulting Centre at the University of Toronto in February 1986.

This report summarizes the results of the questionnaire in fairly general terms. Detailed tabulations which will permit further analysis will be available to appropriate committees of the CHLA. Members wanting further information may contact the authors.

We will make occasional reference to the results of Joanne Marshall and Dorothy Fitzgerald's study of end-user searching.¹ We were fortunate to have the benefit of their findings which, in a few cases, confirmed the results of our own. We are also pleased with the high response rate from members of the Association as the two surveys were mailed to members within a relatively short space of each other.

MEMBERSHIP PROFILE

Demographics

As might be expected in a survey of librarians, we found that 85% of the respondents were female; 15% were male. Thirteen percent were in the 18-29 age group; 39% were between 30 and 39; 25% were 40-49; and 23% were aged 50 or over. There were more men than women in the 40-49 age group; however, this difference was very small. If there is a trend towards more men entering library and information science, this trend is not yet evident in our membership.

The geographic distribution of respondents (and, to some extent therefore, of CHLA members) yields interesting comparisons with the distribution of the Canadian population as a whole. Figure #1 shows the percentage of respondents from the province in the first column, and the percentage of the Canadian population residing in that

¹ Marshall JG, Fitzgerald D. *Health sciences libraries as sources of training and support for online physicians*. *Bibliotheca Medica Canadiana* 1986; 7(5): 184-7.

province in the second.² The response rate from Ontario was substantially higher than might be expected from the proportion of the national population living in Ontario. The numbers of respondents from Manitoba and Alberta were also higher than one might expect from a comparison with the percentage of Canadian population residing in those provinces; from British Columbia, the response was lower. The largest discrepancy was in returns from Quebec where the percentage of respondents was approximately half of what one might expect.

Figure # 1 - GEOGRAPHIC DISTRIBUTION OF RESPONDENTS

	CHLA % of total response	Canada % of total population
British Columbia	9.053	11.42
Alberta	10.700	9.35
Saskatchewan	3.704	4.00
Manitoba	6.996	4.20
Ontario	47.325	35.57
Quebec	14.403	26.06
New Brunswick	2.058	2.84
Nova Scotia	3.704	3.46
Prince Edward Island	0.412	0.50
Newfoundland	0.412	2.31
Yukon/NW Territories	0.000	0.20
U.S.A.	0.823	
Other	0.412	

There was an almost even split between those living and working in centres of under 500,000 (46.35%) and those living or working in urban areas with a population of more than 500,000 (53.65%).

English is the first language for 84.58% of respondents, and French, for 9.58%. In contrast, the 1981 census shows English to be the first language for only 61% of the Canadian population, while French is the first language of 25% of the population.³ A total of 5.83% of respondents reported first languages other than English and French. Polish, Chinese and German were the most frequently reported other first languages.

² Population statistics are taken from the *Canadian Almanac and Directory* 1986. Toronto: Copp Clark Pitman, 1986; 6-75 (Table: *Percentage distribution of Canadian population by Provinces and Territories, 1901-1983*).

³ Statistics Canada. *Population: Mother Tongue. 1981 Census*. Catalogue 92-902 (v. 1 - National series). Ottawa: Minister of Supply and Services, 1982.

Education

We are a well-educated group. A full 95% of respondents have a post-secondary education. Figure #2 shows credentials reported.

Figure # 2 - CREDENTIALS OF RESPONDENTS

Library specific		Non library related	
B.L.S.	48	Bachelor's	141
M.L.S.	124	Master's	20
Diploma in Library Science	6	Doctorate	1
Library Technician's Diploma	29	Diploma	33
		Certificate	6
Total	207	Total	201

It is interesting that only fifty of our respondents, or about 20%, had an educational background in the sciences. Of the non library related Bachelor's degrees reported, the arts outnumbered the sciences by 3 to 1 (106 to 35). English was the most popular major (with 36), followed by psychology and history. In the sciences, nursing and biology topped the list.

Many, of course, reported having more than one degree or diploma. Thirty are working toward further qualifications; of these, fifteen are library related and six are in the area of management. Two people report working on a doctorate, five on Masters' degrees and three on Bachelors' of Arts.

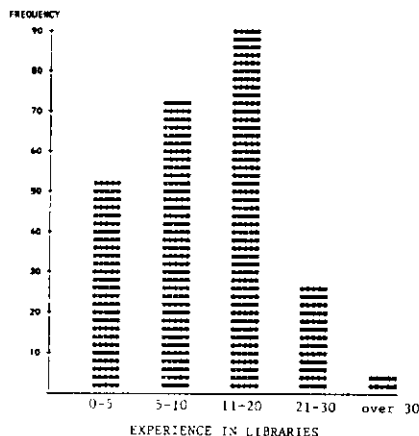
Professional Activities

Seventy-two percent of the respondents belong to their local CHLA chapter. For 41 individuals, CHLA was the only professional affiliation reported. The majority of respondents, however, belong to one or two associations in addition to CHLA. The Medical Library Association (MLA) topped the list with 69% of those responding reporting membership in MLA. Interestingly, the next highest percentage (66%) represented membership in a wide range of "other" associations, ranging from specialist library associations, networks, provincial and municipal library associations, to MLA local chapters. These findings have implications for continuing education and will be addressed briefly later in this report.

Work Experience

We found that the average number of years of experience in libraries, overall, was 11.8, and that the average number of years in health sciences libraries was 8.9. Figure # 3 shows the distribution of years of experience in libraries in the form of a bar chart.

Figure # 3 - YEARS OF EXPERIENCE IN LIBRARIES



Work Environment

Thirty-six percent of respondents work in teaching hospitals, and 17 % in non-teaching hospitals, for a total of 53% of respondents working in hospital environments. Academic institutions were the workplace of the next largest group of respondents; 24% report working in academic institutions.⁴ Of the remainder, approximately 20% of our respondents are employed in association, government and company libraries and 2% are unemployed.

About 82% report being employed full-time, while 18% report themselves to be working part-time.

A wide variety of job titles is listed in responses to the survey. Twenty-two percent of respondents referred to themselves as administrators: Manager, Director, Chief, Head, Supervisor or Co-ordinator.

A breakdown of job activities among those surveyed shows Reference to be the most time-consuming task (95%), followed by selection/acquisitions (91%). Management was also high on the list (79%), as was cataloguing and processing (74%). Orientation and on-line searching shared fifth place (73% and 71% respectively).

There was a fairly wide range of size in the library collections represented in our sample. Twenty percent of respondents reported working in libraries with under 100

⁴ These figures correspond to those of JG Marshall and D Fitzgerald whose paper on this subject was previously cited. They report 49% of their respondents working in hospitals, 24% in academic libraries and 22% in corporate libraries.

journal subscriptions, and 15% are employed in libraries subscribing to more than 1500 journal titles. Similarly, 21% said that their monograph collection was under 1,000 volumes, and another 21% reported holdings of more than 25,000 volumes.

We included a number of questions on the use of automation. Fifty-five percent of respondents report personally conducting on-line searches. Several remarked that they will be introducing the service soon, but they are not included in this figure. Of those doing searches, a little over half (58%) used a terminal; 26% used a microcomputer; and 16% used both. MEDLARS was by far the most popular system (92%), followed by DIALOG (53%), CAN/OLE (43%), and BRS (32%).⁵

When we looked at age in relation to on-line searching, we found that there were far more individuals in the 30-39 and 40-49 age groups doing searching than in any other. Far fewer in the 50-65 age group were involved in on-line searching.

Eighty-one of those surveyed had access to electronic mail, and of these, sixty-one used ENVOY 100. When we correlated electronic mail with type of institution, we found that universities with medical schools led (41%), followed by teaching hospitals (31%) and government (10%).

CONTINUING EDUCATION

Content/Format

A number of questions concerned the content and format of Continuing Education (CE) programs. In answer to the first question on five preferred topics for CE programs, new technologies and on-line searching, perhaps not surprisingly, were overwhelming choices. The topics were ranked as follows:

Figure # 4 - TOPICS CHOSEN FOR CONTINUING EDUCATION

Topic	Times Selected
New technologies	155
On-line searching	150
Administration	115
Automated systems	105
Collections development	98

It is clear that members want continual updating on on-line searching, microcomputers, and other aspects of automation. Presumably, the fairly large group

⁵ JG Marshall and D Fitzgerald found NLM to be the system used by 90% of those doing searches; DIALOG was second in popularity in their findings, as well. Their results showed BRS to be third, however; ours ranked CAN/OLE third, and BRS, fourth. Their response rate was larger than ours, and it is quite likely that different libraries were in their sample.

now using microcomputers want the training in order to deal with the many applications of the machines. The topics correspond roughly, interestingly enough, to the top five job activities listed, and indicate that CE is seen as job-related.

Eighty-nine respondents selected the topic: *Special Subject Literature* as a desired CE topic. Of these, 34% indicated that they wanted to improve their knowledge of oncology; one hopes that this selection was not determined by the designation of this topic as an example on the questionnaire itself. Other topics mentioned were: *Geriatrics/Gerontology, Nursing, Nutrition, and Psychiatry*. Given the fairly low number of respondents with backgrounds in the sciences, it is perhaps surprising that the topic: *Special Subject Literature* did not rank among the top five CE choices.

A number of possible formats for CE activities were suggested on the questionnaire so that respondents would not feel bound by the classroom approach. In spite of this, the short course was clearly the preferred format for all but one topic. Looking at the number of times particular formats were chosen, irrespective of content, produces the following choices:

Figure # 5 - CONTINUING EDUCATION FORMAT CHOICES

Type	Times Selected
Short course	630
Long course	171
Professional meetings	150
Distance education	108
Inservice training	84
Teleconferencing	16

We included teleconferencing because it was thought that this approach might appeal to librarians living in remote areas. Little interest was shown, however; expense and/or novelty may have been factors in the low response rate to this suggestion.

There seems to be a fairly high participation level in CE courses among CHLA members; 80% said they had been involved in a CE activity, apart from courses at the CHLA annual meeting, within the past 12 months. Much of the CE activity of respondents seems to have centered around their involvement in local library associations, judging from the numbers attending short courses and professional meetings sponsored by these groups. In addition, the single most frequently mentioned sponsor was the commercial firm, which probably offered a course in on-line searching.

Motivation/Deterrents

We were interested in determining which factors were important in encouraging CE participation and which were deterrents. When asked to rank the factors which influence them to participate, respondents replied as follows (# 1 is most important):

Figure # 6 - FACTORS PROMOTING PARTICIPATION IN CONTINUING EDUCATION COURSES

Rank	Reason
1	Need to keep up with technical developments
2	Personal satisfaction
3	Need to update job skills
4	High quality of the activity
5	Chance to talk to colleagues

Other factors, such as employer support and the availability of financial help, were not considered as critical as the above five. Again, the importance given to technological developments is evident.

The three most important deterrents reported were distance, lack of time and cost, in that order. Distance greatly outranked the other two factors. This could have implications for the delivery of CE; perhaps the Association should consider co-sponsoring courses with local library associations, travelling seminars or educating people to the value of distance education.

Certification

A series of questions on MLA certification revealed that the vast majority (92%) of respondents did not have MLA certification, and 96% either did not plan to obtain it or were uncertain about obtaining it.

Quite a lot of interest was shown in having CHLA grant MLA CE credits; 65% of respondents were somewhat to very interested. The question regarding CHLA's development of its own CE system met with a slightly favourable response; of those with strong feelings, more were in favour than opposed. Many requested further information. This may indicate that people want more tangible recognition for involvement in CE activities. MLA has an established reputation for its educational programmes and MLA credits are considered worthwhile even though few of our members who obtain them plan to be certified by MLA. Presumably, if a comparable credit system existed for Canadian health librarians, it might have equal appeal.

Future Activities

We asked respondents to indicate which CE activities they would like to see CHLA develop. This question yielded the following information (# 1 is most important):

Figure # 7 - CONTINUING EDUCATION PREFERENCES

Rank	Activity
1	CHLA-developed courses
2	Regular CE column in BMC
3	Production of Canadian supplements to MLA courses
4	Increased support for CE activities through local chapters
5	Self-study programmes/distance education

There was little interest expressed in published bibliographies, importing more MLA courses or teleconferencing. The interest in CHLA-developed courses is heartening, as the Education Committee is already encouraging this development. The course format was, again, definitely preferred, and material with a specifically Canadian focus was, apparently, wanted. The interest in self-study or distance education packages was also noteworthy. These are all topics which the new Education Co-ordinator may wish to investigate further.

One thing which seems to stand out is the emphasis on having CE activities occur close to home. This is indicated by the identification of distance as a major deterrent in CE activity, by the numbers of CHLA members attending local library association-sponsored CE programmes and by the expressed interest in CE at the local level.

CONCLUSION

We have not discussed issues in any depth in this report, as that would have increased its length considerably. Instead, we have touched on a number of topics which we hope will be analyzed in more detail by various interested committees of the Association. Tables of cross-tabulations are available from the authors for this purpose. The data are stored so that tabulations other than those we requested may be made at a future date.

* * * * *

THE OSLER LIBRARY: A COLLECTION AND A CONTEXT

Faith Wallis, Ph.D.

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Some of you, having read the title of my address as given in the conference programme -- *The Osler Library: a Collection and a Context* -- are probably puzzled by the phrase that follows the colon: *a collection and a context*. Like most of humanity, I have a weakness for alliteration, but I assure you that I chose this phrase for rather more serious reasons. Many Canadians connected with the health professions know that the Osler Library at McGill University is an important *collection* of literature illustrating the history of medicine and science, but it is perilously easy (not least for those of us at McGill) to allow that consciousness of eminence and special character to obscure the Osler Library's *context*, and to see it only as a sanctified monument to the memory of a great man, or a sort of shrine dedicated to the disembodied worship of medicine's glorious past.

PHYSICAL CONTEXT AND ORIGINS

A visitor's first impressions of the Osler Library can reinforce this illusion that we float in a sort of institutional and cultural zero gravity. One enters the library from the main public services area of the McGill Medical Library, a bright, busy, and functional environment. By contrast, the Osler Library is an impractical, theatrical, and contemplative space. From the lofty Wellcome Camera, with its mezzanine and stained glass windows, one passes into the original Osler Library room, opened in 1929 to receive Sir William Osler's library when it arrived from Oxford, and transported *en bloc* from the old medical building (now the Strathcona Anatomy and Dentistry Building) to the McIntyre Medical Sciences Building when the latter was constructed in 1965. The impulse to imagine the door of the Osler Room as the threshold of another world is almost irresistible. The height of the room, its rich panelling, oriental carpets, and glass-fronted cabinets seem to belong, like Sir William Osler, to a vanished age of refined and generous tastes. The uncanny sensation of having stepped back in time is reinforced by the pervasive presence of Osler himself, not only in the form of his books, but enshrined in his desk, his personal objects, his pictures. Sir William never saw this room in his lifetime, but one could say that he sees it all the time now; his watchful profile glows out of the bronze Vernon plaque, and behind the Vernon plaque are his ashes, together with those of Lady Osler and of his cousin, W.W. Francis, the first Osler Librarian. Francis, who presided over the Library from its inception in 1929 until his own death in 1959, has a monument of his own: the Francis Wing -- not a wing exactly, but a room off the mezzanine level of the Wellcome Camera. And beyond the Francis Wing lies the Robertson Room, where our historic materials are housed. Remote, yet alluring behind its plate glass barrier, the Robertson Room seems to be only the final chamber in a whimsical house of mirrors.

Librarians, of course, are used to architectural eccentricities, and used, as well, to musing in odd moments upon their symbolic significance. But librarians, no

less than casual visitors, also find it difficult to envision the Osler Library as part of any larger pattern, for it did not come into being like most other history of medicine libraries, nor does it resemble them in its organization, contents, or administration. Most history of medicine libraries are rare book rooms or special collections auxiliary to general medical libraries. The obvious example is the Historical Division of the U.S. National Library of Medicine. Such libraries are created in two ways: older library materials are identified as historically valuable and set aside, or alternatively, physician clients with an interest in history donate old books. In most cases, the library grows by a combination of these two methods. Rarely are there either dedicated funds or dedicated personnel for developing the historical collection in a coherent manner. The almost invariable rule is that a superb history of medicine library is the unintentional by-product of a superb health sciences library. The Countway Library in Boston is the most outstanding example of that rule in operation.

A corollary to this rule is that most history of medicine libraries consist only, or overwhelmingly, of primary material: that is, works written by doctors for doctors in support of the medical enterprise. The secondary materials (histories of medicine, biographies, interpretive studies) have low priority on most medical libraries' collection profiles. Even if they are purchased, they are seldom integrated institutionally or intellectually with the primary works.

The Osler Library is different. It is not, and never has been, a part of the Medical Library at McGill. It is a self-contained history of medicine library, governed in the administrative sense by the Life Sciences Area Librarian, and beyond her, by the Director of Libraries and other officers of the University. In the constitutional sense, it is governed by its own Board of Curators, a body established by the terms of Sir William Osler's bequest. In practice, this is hardly a confrontational situation, for the administrative governors are, *ex officio*, members of the Board of Curators. It is significant, however, that the chairman of the Board is always the Dean of Medicine, for this situation places the Osler Library slightly to one side of the ordinary hierarchy of the university library system.

The Osler Library is different, as well, in that its foundation collection is the creation of a single person, who, from its very beginnings, developed it according to a conscious and rational programme. Osler's intention was to assemble all the most important monuments of the history of science and medicine, and as many of the second rank classics as he could. Thanks to his native intelligence, his persistence and good sense as a collector, and his very lucrative career as a consulting physician and professor, he largely succeeded. Thus, the Osler Library has what no other history of medicine library I know of can boast: a coherent, balanced, and comprehensive framework composed of virtually all the significant medical literature produced in western Europe and America to the end of the 19th century. The library also has some very unusual, not to say eccentric, books and books on subjects which, at first glance, might not seem appropriate to a medical-historical library. All of this gives a texture and character to Osler's library which lifts it above the level of a predictably normative "core collection".

But there is more. Osler was a student of medical history as well as a collector. Hence, he believed in integrating the primary medical literature with the secondary studies, the histories, biographies and so forth. In his catalogue of his library, the *Bibliotheca Osleriana*, works by an author and works about him go hand in hand -- a

degree of integration that is difficult to parallel in any similar collection. In the decades since the inception of the library in 1929, we have added about 30,000 volumes to the original 8,000 bequeathed by Osler, but our collections philosophy (and even the way our public catalogues are organized) continues to bear the stamp of his intention, particularly with regard to this vital harmony of primary and secondary materials. It is not an exaggeration to say that, since 1929, we have been writing glosses and footnotes for the *Bibliotheca Osleriana*.

It will be obvious by now that the primary context of the Osler Library is a personal one: namely, the career and ideas of Sir William Osler, its founder and major benefactor. The outline of Osler's life-story is -- or used to be -- very familiar to the health-care community in the English-speaking world, but the tale deserves to be retold, and perhaps, this time, from a librarian's point of view.

SIR WILLIAM'S CAREER

William Osler was born in Bond Head, a hamlet in Tecumseh County near Lake Simcoe, in 1849. His father was an Anglican priest and missionary, and Willie was the eighth in a family of nine children. As a schoolboy, and later as a freshman at the University of Toronto, he came under the influence of two remarkable clergymen-naturalists: the Reverend W.A. Johnson and the Reverend James Bovell. These two men were figures of considerable symbolic importance to Osler, for they combined two professions which he could never reconcile: religion and science. Osler originally intended to become an Anglican priest, but after a long struggle -- apparently over Darwinism -- he crossed over to medicine. To the end of his days, he bore the scars of this conflict, ever maintaining on an explicit level that religion and science ought to be kept in separate compartments, while implicitly searching for his own way of re-welding them through a new ethos of medicine. Health was to be a new religion, uniting mankind in a common pursuit of good. Physicians were to form a new priesthood, bound by a sense of brotherhood in mission. Osler never put it this crudely, but his attitudes and, particularly, his terminology in discussing issues of professional identity and solidarity amongst physicians are heavily redolent of the Bible and the *Book of Common Prayer*; it is as if he had transposed to medicine all the energies of his unfulfilled and, ultimately, unresolved religious vocation. It is little wonder that his favourite book bears the title: *The Physician's Piety* (*Religio Medici* by the 17th century English philosopher and doctor, Sir Thomas Browne).

This tension had no small effect on the shape of his library. Osler always remained sensitive to the frontier between the healing arts and the ultimate issues of death and what lies beyond death, and he collected many curious historic books and pamphlets dealing with longevity, mortality, immortality, and even spiritualism and witchcraft. In his home at Oxford they were grouped on a special section of shelving known familiarly as "Death, Heaven and Hell", and to this day they lend a special character to the way in which the Osler Library defines what lies within the purview of the history of medicine.

At the end of his first year of medicine at Toronto, Osler elected (on the advice of his mentor, Bovell) to transfer to McGill, then -- as now -- one of the finest medical schools in North America. His undergraduate career was brilliant, and after two years of postgraduate study in Britain and Europe, he was hired by his *alma mater*, at the astounding age of 25, to serve as Professor of the Institutes of Medicine (an

old-fashioned Edinburgh term for what we would now call pathology and physiology, with, perhaps, some histology). Thus began a professional lifetime of inspired teaching and unbelievably prolific publication, grounded in his talent for imaginative applications of innovative techniques, whether it be of systematic *post-mortems* in the Virchow manner at the Montreal General Hospital, or later, of McGill-style instruction of medical students on the hospital wards at Johns Hopkins.

After ten years at McGill, Osler was lured to Philadelphia, then the major rival to Montreal as a centre of medical study. In 1889, he received another call, this time to the double post of physician-in-chief of the Johns Hopkins Hospital in Baltimore, and Professor of Medicine at the Johns Hopkins University. This combination chimed perfectly with his practical orientation towards medical education. The Hopkins years were, perhaps, the most productive of his life. His great textbook, *The Principles and Practice of Medicine*, was published in 1892, and Osler's fame as a consultant, speaker, and organizer and patron of professional societies grew by leaps and bounds. By 1905 he was probably the single most famous medical man in the English-speaking world and, in that year, he received the culminating appointment of his career: Regius Professor of Medicine at Oxford University.

Osler's Oxford years were, in many respects, the perfect climax to a perfect progress. Now he had it all: leisure from the hectic pace of consulting, money to indulge his favourite hobby of buying old medical books, time to write, and influence to do good to the profession that gave meaning to his existence. There were other joys, too, like seeing his son, Revere, grow to manhood and begin to display something of his father's literary inclinations.

All this golden Edwardian dream was wrecked by the First World War. The sacred brotherhood of science and medicine was rent asunder by nationalism, and Osler's son -- his beloved and only son -- was blown up by a shell and buried in the mud of Flanders. All who knew him agreed that when Sir William Osler died in December 1919, it was of no ordinary ailment, but of a broken heart -- broken in grief for all that had been lost: the unity of the faith of science, the ideals of the Victorian era, and above all, Revere.

THE STRUCTURE OF OSLER'S LIBRARY

In the halcyon days of Hopkins and Oxford, and perhaps even more in the shadowed seasons of war, Osler's passion for collecting books on the history of medicine was his principal source of joy. There is firm evidence that by 1911 he had worked out, at least in outline, a project for organizing his collection. In that year, he drafted the deed of gift conveying the library, upon his death, to the Faculty of Medicine at McGill; included in it is an outline of the eight sections of the *Bibliotheca Osleriana*. The most original feature of the scheme was the notion of the *Bibliotheca Prima* (the "primary library"). It was Osler's intention that his library should have "a definite educational value", by which he appears to have meant that it should support the teaching of the history of medicine as a subject, either on a formal or on a self-educational level. In subsequent years, this intention was fulfilled by appointing Osler Librarians as lecturers in the history of medicine in the Faculty. In the 1960's, Dr. Donald Bates, then in charge of the Osler Library, actually created a Department of the History of Medicine on the basis of this rather informal mandate. Out of this has grown an active and important Department of the Humanities and Social

Sciences in Medicine which lives in close physical and social proximity to the library. I am both the History of Medicine Librarian in charge of the Osler Library, and an Assistant Professor in the department. Here again, the Osler is exceptional; departments usually create libraries, but ours is a library that has created a department.

What Osler wanted to do in the *Bibliotheca Prima* was to define the backbone of the history of medicine by selecting the major landmarks of medical writing and arranging them in chronological order. By working his way through the *Prima*, the student could obtain a global view of the development of medicine and science. The landmarks are spaced from Aristotle through to Roentgen, and consist of every format from folio *incunabula* to flimsy three-page pamphlets. The emphasis in the *Bibliotheca Prima* is on the landmark work itself. Regardless of how much the individual author wrote, it is the landmark work which is cited first in the catalogue. Secondary studies of the landmark work follow. Then come other works by the same author, with their secondary interpretation, biographies and the like. The *Bibliotheca Prima* is plainly a value-judgement from end to end, or, if we wish to look at it more positively, it is a happy marriage of Osler the book collector and Osler the teacher.

The "second library", or *Bibliotheca Secunda*, is not arranged paedagogically, but in the more usual author order, though again, books by and books about a given writer appear cheek-by-jowl. The *Secunda* is the largest section of Osler's library, and to my mind, the most interesting and various. If the *Prima* records great men making exceptional discoveries, the *Secunda* is the more recognizable realm of ordinary mortals making small, but cumulatively significant advances in understanding and practice. Osler put himself into the *Secunda*. The *Secunda* is also the grey territory of discoveries that don't quite come off, of by-ways and dead-ends.

One of my favourite *Secunda* items is a collection of 18th century English pamphlets and broadsides -- some of them rather scurrilous -- about Mary Tofts of Guilford. With the connivance of a physician, this lady convinced the world that she had given birth to rabbits! Several eminent medical men laid their reputations on the line that this was, indeed, possible before the hoax exploded. The *Secunda* is also the domain of those Renaissance physicians, like Cardano and Robert Fludd, who particularly intrigued Osler, but whose researches often branched into astrology, the occult, and alchemy.

In short, Osler's concept of medical history was elastic and polyvalent. He thought in terms of individuals, not in terms of an abstract subject area, and if physicians made fools of themselves, or cast horoscopes, or studied cosmology and the transmutation of base metals into gold, even that, to Osler, was legitimately part of the record.

This approach to building his collection goes some way towards explaining the third section of the *Bibliotheca Osleriana*, the *Bibliotheca Litteraria*. If medical men wrote poetry, like Keats, or *belles-lettres*, like Oliver Wendell Holmes, or fiction, like Rabelais or Conan Doyle, that, too, was an aspect of the global story of medicine as an art and a science. So, also, were medical works by non-physicians (the most admired being Robert Burton's *Anatomy of Melancholy*), and literary works which featured medical characters, such as Ibsen's *The Enemy of the People*. The *Litteraria* is, undoubtedly, the most unusual and personal section of the library, and it is not hard to see why it, alone, has not been developed in our subsequent collecting

policies. We continue to purchase items on Browne, Burton, and their ilk, as well as general works on the relation of medicine to literature and some imaginative writing by or about Canadian doctors, but the *Litteraria* is generally treated as a closed collection. Its basis was Osler's own taste and the literary circles with which he was in contact, and any attempt to maintain the tradition would simply dissipate its focus, to say nothing of the resources of the library.

The last five sections of the *Bibliotheca Osleriana* are largely self-explanatory. The *Bibliotheca Historica* comprises secondary histories of medicine. The *Bibliotheca Biographica* contains collective biographies, as well as biographies of interesting medical personages not included in the *Prima* or *Secunda*. The *Bibliotheca Bibliographica* is a collection of works on the history of books, libraries, and the art of printing. Finally, there are *incunabula* and manuscripts. As I am both a medievalist and a former archivist, I am particularly attached to the manuscripts, not only those of the European Middle Ages and Renaissance, but the Arabic ones as well. Outstanding amongst these is a 13th century illustrated copy of the herbal of the Hispano-Arabic physician al-Ghafiki; ours is the only traceable copy of the full text version of this work, and it is a splendid example of the survival of Hellenistic traditions of botanical illustration.

OTHER CONTRIBUTORS

By now, it should be plain that the personal context of the Osler Library has been and continues to be a very powerful shaping force, and that this personal context goes beyond Osler himself. Many of the finest treasures of the library in the fields of medical history and medical book-making came from Osler's historically-minded friends and admirers, particularly, Dr. Frank Dawson Adams, a geologist and the first Dean of Graduate Studies at McGill University, and Dr. Casey Albert Wood, ophthalmologist, ornithologist, ethnologist and bibliophile. Adams bequeathed a fine collection of old works on geology, as well as some monuments of the history of printing, such as the *Nurnberg Chronicle* (written, indeed, by a physician, Dr. Hartmann Schedel) to the Osler Library. Dr. Wood donated Arabic, Persian and Indian manuscripts and printed books, together with an intriguing assembly of medical and pharmacological gear from Sri Lanka, some of it dating from as early as the 15th century.

Beyond these individual benefactions, the continued admiration felt by medical men on almost every continent for Osler's personality, his teachings and philosophy continues to be projected onto the library which is his last resting place and his greatest pride and solace. This loyalty and concern translates, quite bluntly, into financial support. The Friends of the Osler Library Fund, and other special funds set up by individuals and groups, permit us to continue to buy books and to get them onto our shelves. Our collections policy attempts to be comprehensive at a high scholarly level. I cannot claim that we always attain this standard, but if it were not for those who feel moved to perpetuate a continual remembrance of the man who began the library, we would have to abandon the ambition altogether. To a very significant extent, it is the Oslerians who hold us together, and in a sense, that personal context is the secret of our survival. The support of the Faculty of Medicine is, likewise, vital to our existence. Here again, it is the memory of Osler himself-- McGill's most famous medical graduate and the role model (acknowledged or not) of the

20th century physician -- which channels toward the library that commitment and generosity that enables us, not only to keep up with what is presently being published, but also to undertake innovative projects.

HISTORY OF MEDICINE AND THE FUTURE

If the Osler Library is to have some relevance to scholarly and medical enterprise in the years to come, it must go beyond the personal context. I do not say we should neglect or denigrate this personal context; on the contrary, we must cherish and foster it, for on its foundations alone can we construct a broader and more accessible structure. Here are two concrete examples: one from the area of collection development, and the second related to computerized cataloguing.

During the past decade or two, the history of medicine as a scholarly discipline has been undergoing a profound change. Before this watershed, much medical-historical writing was documentary: biographies of eminent medical figures, catalogues of discoveries and advances, and institutional chronicles. Its focus was internal, and its philosophical bias was positive and progressive. At its worst, it was merely celebratory. Lately, however, an analytical and external-looking style has emerged which tries to see medicine as an element in a larger social fabric. Doctors are professionals and, as such, have been subject to influences affecting the general development of the professions. Medical imperatives have interacted with political and social agenda at various levels, producing health legislation and mobilizing societal forces around health issues (for instance, vaccination, clean water, housing reform, and control of various practices seen as contributing to physical decay, such as prostitution). Society has its own ideas about what "health" and "sickness" are, and what doctors should do, and at least since the early 19th century, this has been reflected in a vast body of popular medical literature. Issues of this type are exciting the attentions of the new breed of medical historians, but few medical libraries have the kind of collection that can actively support this type of research. Government reports on public health, partisan pamphlets on vaccination, or popular handbooks on hygiene in the family are not written to support the primary medical enterprise, and understandably, fail to find their way onto the shelves of even old and well-maintained medical libraries.

In 1980, with a Collections Development grant from the Social Sciences and Humanities Research Council of Canada, the Osler Library launched a pilot programme to locate and purchase materials of precisely this nature. In the test phase, the field was confined to 19th century France. It took a lot of patience, determination and hard work to develop a profile for the collections project, as well as to find the antiquarian booksellers who could track down suitable materials, but after a slow start, the books began to come in.

So successful was the initial trial that we determined to try for further grants. Thanks to funding from the McGill Advancement Programme, we were able to expand the profile to include other western European countries. This time, we knew a little more precisely what we were looking for and where we might find it, and this resulted in a high response rate from dealers and greater success than in the initial phase in netting suitable titles.

Whether we will be able to continue this collections programme is still a question, but the major points I wish to make about it are: first, the material we are seeking in this programme is not the type of material found in the *Bibliotheca Osleriana*, and the programme is, thus, a departure from our "personal context"; secondly, this material is not found coherently developed into collections elsewhere and we are, therefore, undertaking an important innovation. I seriously doubt, however, that we could have obtained the funds to try such an unconventional idea had we not been the Osler Library, with an established reputation as a major collection in the history of medicine. In short, the strength of the personal context has actually helped us to go beyond it.

While all the other libraries at McGill have been doing current cataloguing by computer through UTLAS for a number of years, the Osler Library still maintains its catalogue manually. The major reason for the delay is our approach to subject cataloguing. Instead of the usual author, title and subject catalogues, we have a "name" catalogue (with books by and about individual authors filed together, along with titles, series, etc., in dictionary catalogue style), and a subject catalogue for conceptual headings.

The name catalogue is, obviously, a continuation of Osler's approach to cataloguing the *Prima* and *Secunda*, but the *Bibliotheca Osleriana* has no subject arrangement, and thus we have been left to our own devices to contrive a suitable set of subject headings for concepts. Unfortunately, neither of the two main subject lists -- **Library of Congress Subject Headings** (LC) and **Medical Subject Headings** (MeSH) -- is adequate. The problem boils down to the fact that our collection is both primary and secondary.

MeSH is best able to handle the primary medical literature, and especially the "mainstream" contemporary primary medical literature. The problem is not simply that MeSH cannot cover outdated medical terminology or unconventional medical concepts such as "healers" (i.e. non-physicians who cure sickness), but that MeSH does not permit period subdivisions. Even the licence to use the subdivision " -- History" is given only selectively, and the arrangements for biographies and portraits are very limited.

On the other hand, LC subject headings are more flexible, and the subdivision possibilities more appropriate to a history-focussed collection, but the medical vocabulary is weak. Hence, we have constructed our own mixture of MeSH and LC headings with subdivisions borrowed from both systems. This works reasonably well with a manual catalogue, but defies integration into a system-wide union catalogue with separate MeSH and LC subject files.

The advantages of computerized cataloguing and, particularly, the value of making the holdings of the Osler Library known throughout the university and beyond are alluring, and yet it seems that using one system or the other exclusively would mean the sacrifice of our only opportunity of creating a subject approach to this complex collection. We are saddled with this situation because Sir William created the kind of library he did, and some creative thinking will be necessary if the personal context under which the library has always functioned is not to come into conflict with the broader scholarly and informational context we hope to build. There is, however, solid ground for hope that we can have the best of both worlds.

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Acquired immunodeficiency syndrome (AIDS) is a fatal disease caused by a new Retrovirus infection which damages the immune system, resulting in loss of protection against many infectious diseases and some cancers. AIDS is the most destructive consequence of infection by this virus, related to the Lentivirus family, termed *human immunodeficiency virus*, or HIV, (formerly *human T-lymphotropic virus-III* [HTLV-III] or *lymphadenopathy-associated virus* [LAV]) (1,2). The first 5 cases of AIDS were reported in 1981 (3); now there are over 1.5 million adults infected with HIV in North America (4). This epidemic has produced immense public impact and increasing health care costs (5). Intensive research has identified HIV as the etiological agent, elucidated modes of transmission and outcome of infection, developed methods for detecting infection, and is developing strategies for potential therapies and vaccines.

AIDS is a new disease. It is producing an explosion of information for which there is an intense and growing demand. This demand has been characterized by an urgency, paralleling the rapid increase in the epidemic. Communication of this information necessitates that accurate, up-to-date data on AIDS and HIV infection be available and accessible to the medical and scientific communities, public health authorities, and the public. Medical libraries are a crucial resource for this information. Understanding AIDS and HIV infection will facilitate and expedite library responses to requests for information about AIDS and HIV infection.

PATHOLOGY OF HIV INFECTION

HIV only infects man, and chimpanzees, which has severely limited its study. The cells which HIV infects are T-lymphocytes (T4+ or T helper cells) and macrophages. Destruction of these cells produces the AIDS immunodeficiency (1,2). Infectious virus has been recovered from blood, plasma, serum, semen, saliva, tears, urine and breast milk (2,6-12). Infection has followed exposure to infected blood or blood products, semen (sexual activity or artificial insemination), and possibly breast feeding, and bone marrow transplantation (1,2,4,12,13). Transmission by urine, saliva or tears has never been documented (14). Air-borne, insect-borne and surface-borne transmission has not been documented.

Virus infections usually elicit a serum antibody response to the infecting virus. HIV antibodies can be detected in serum from most adults infected with this virus (2,4,6,8). HIV can also be cultured from blood of a high proportion of infected persons, even if free virus is absent from plasma, and regardless of disease manifestations; therefore, anyone who is seropositive (i.e. has HIV antibodies in serum) is presumed to be *potentially* infectious. Since HIV has also been isolated from some seronegative individuals belonging to groups in which HIV infection is very

prevalent (so called "high risk" groups), anyone belonging to a high risk group is also assumed to be *potentially* infectious.

Profound immune system damage is a late manifestation of this infection. In almost all symptomatic infected adults, and in some asymptomatic, apparently healthy infected adults, immunological defects occur. Only a minority of infected adults have progressed to the florid immunodeficiency of AIDS. More than five years may elapse before this immunodeficiency develops, and as many as 20% of infected persons may develop AIDS (4). What determines the outcome of HIV infection is unknown.

The opportunistic infections or unusual malignancies which result from this immunodeficiency define it as AIDS. *Pneumocystis carinii* pneumonia occurs in over 60% of persons with AIDS; a cancer known as Kaposi's sarcoma occurs in approximately 20%; among other illnesses are infections by *Toxoplasma gondii*, *Cryptosporidium*, *Mycobacterium avium-intracellulare* and rare lymphomas. Retrovirus infection of the brain also occurs. This is a slowly progressive infection, possibly of macrophage-type cells in the brain. A classification of the diseases produced by HIV infection appears in the table below.

CLASSIFICATION OF HIV DISEASES

[adapted from ~~MMR~~ 1986; 35: 334-339]

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|---|---|
| I. ACUTE INFECTION | with/without meningitis |
| II. ASYMPTOMATIC INFECTION | with/without laboratory defects |
| III. PERSISTENT GENERALIZED LYMPHADENOPATHY | with/without laboratory defects |
| IV. OTHER DISEASES | |
| A. Constitutional disease | [fever; weight loss; diarrhea] |
| B. Neurologic disease | [dementia; myelopathy; neuropathy] |
| C. Secondary infectious diseases | |
| 1 AIDS criteria infections | [Pneumocystis; toxoplasmosis, etc.] |
| 2 Other infections | [hairy leukoplakia; multidermatoma]
[h zoster; salmonella bacteremia;
[nocardiosis; tuberculosis; thrush] |
| D. Secondary cancers | [KS, non-Hodgkins or CNS lymphoma] |
| E. Other conditions | [Lymphocytic interstitial pneumonitis;
[confounding illnesses & drugs, etc.] |
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HIV infection is a world-wide problem. Epidemiology of this infection differs between industrialized and less developed areas (1,2,4,6,15,16). In North America, Europe and Australia men are the major group infected. Most of them have engaged in homosexual activity or in needle-sharing drug abuse (4). In Africa, equal proportions of men and women have been infected (4,15,16). Mechanisms of transmission in Africa and Haiti remain unexplained. Heterosexual transmission of HIV infection is thought to contribute to this increasing spread. However, the extensive spread of this infection may have been initiated by re-use of disposable, incompletely cleansed needles and syringes, tattooing and scarification, and possibly poor hygiene and sanitation. The number of infected persons worldwide is unknown. In some central African cities 15% or more of adults and 65% of prostitutes have been infected. In some American cities over 60% of gay men, 80% of persons who abuse drugs intravenously, and 75% of persons with hemophilia who regularly receive blood transfusions have been infected. The number of AIDS cases in most industrialized countries, including Canada, doubles annually (4,15). In Canada, over 700 cases have been reported. Most of the Canadian AIDS cases have been in Ontario (40%), Quebec (30%) and British Columbia (20%); and most of the pediatric cases (90%) have been in Quebec (17).

TRANSMISSION OF THE INFECTION

The virus is transmitted by direct inoculation into the body through injection of blood or blood products or transplantation of tissues; through sexual activity with an infected person, or by artificial insemination; or, during pregnancy, to infants of infected mothers. Transmission has not been documented by other potential ways of spread, such as aerosolization, insect bites, or non-sexual contact (2,4,16,18,19,). The populations infected by HIV reflect these modes of transmission. In Canada, men engaging in homosexual activity represent 81% of reported AIDS cases; persons sharing blood-contaminated needles and syringes during intravenous drug abuse represent 17% of cases in the USA but only 0.3% in Canada; persons receiving blood or blood products represent 5.5%; and children represent 2.9%. In Canada 8.3% of cases have come from an "endemic" area where HIV infection is prevalent among heterosexual men and women (e.g. Haiti or central Africa). Many, if not most, of these persons have had no recognized risks for becoming infected, other than their origin in these endemic areas. Among persons originating in Canada, only 2.2% of cases have occurred among heterosexual partners of infected persons. Heterosexual Canadians, who have become seropositive, uniformly have a history of sexual activity with someone who is infected with HIV or who belongs to one of these high risk groups, or they have received blood or blood products. In less than 3% of cases is information insufficient to classify cases into risk categories (17).

Surveys, based upon HIV seropositivity, show HIV infection has spread extensively among these groups. Infection is virtually absent among persons living in industrialized countries who do not sustain these types of exposure (20). It is becoming increasingly evident that men can infect women, and women can infect men (21). Although serological data may overestimate the real prevalence of infection in gay populations, they suggest that as many as 18%-35% of gay men in Montreal, Toronto and Vancouver may have been infected with HIV (22-24) and as many as 66% of gay men in some American cities may have been infected (2,4,8,25). Formal surveys of populations

not at substantial risk of being infected -- such as heterosexual adults -- have not been done. Data from blood collection agencies, such as the Canadian Red Cross, suggest the prevalence of infection is less than 0.05%(26). Limited studies indicate that most of these seropositive individuals have a risk factor for being infected, even though this may not be apparent to them. Data from surveys of hospital employees and smaller surveys of heterosexual men and women in Montreal show there is a virtual absence of HIV infection among heterosexual Canadians who do not have identifiable risk factors for infection (22,27).

Caring for HIV-infected persons does not appear to represent an appreciable risk of becoming infected. Less than six health care workers in North America and Europe have become infected with HIV as a result of their work. None have gone on to develop AIDS (28). They have injured themselves with contaminated needles, scalpels and other sharp materials. Less than 0.1% of all such injuries are estimated to result in HIV infection (29). Comparable exposure from hepatitis B virus-infected material resulted in 26% of injured workers becoming infected with hepatitis B virus (30).

TESTING FOR HIV INFECTION

Antibody assays are the most sensitive and specific tests for HIV infection. However, anyone being tested should know that sufficient time must elapse before seroconversion occurs and that seronegativity is not conclusive evidence that infection has not occurred. They should also understand that neither extent of HIV injury nor prognosis can be defined by serological results. The social consequences of antibody testing for HIV infection have been extremely controversial. Among the more prominent bases for this are: potential damage to the person being tested if results become known (loss of privacy, employability, rights to shelter, educational opportunities, insurability etc.) and the psychosocial impact which test results can elicit. This includes the inability of testing to predict outcome. Early estimates of outcome suggest as many as 5% of HIV-infected persons may develop AIDS per year of seropositivity (4,20,25,31,32). What determines outcome following infection is unknown. No tests can predict whether or not an infected person will develop disease, or what diseases may result. Also, there is no way to stop the infection, once someone becomes infected, limit the be directed at preventing infection. All blood donations in every industrialized nation are now being screened to prevent HIV transmission by blood and blood products. Intensive efforts are underway to educate the public, especially persons at increased risk of becoming infected, or of infecting others. More and more pamphlets, brochures, guidelines, videos, government documents and reports are being produced to educate the public, especially high risk groups, about prevention.

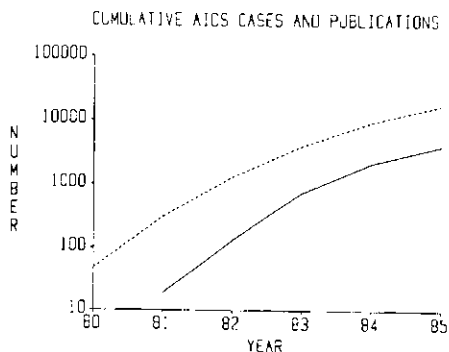
AIDS is a costly illness be directed at preventing infection. All blood donations in every industrialized nation are now being screened to prevent HIV transmission by blood and blood products. Intensive efforts are underway to educate the public, especially persons at increased risk of becoming infected, or of infecting others. More and more pamphlets, brochures, guidelines, videos, government documents and reports are being produced to educate the public, especially high risk groups, about prevention.

AIDS is a costly illness (5,33). Increasing demands for already scarce resources are paralleling the increase in numbers of AIDS cases. Community-based support

groups, hospices and hospital programmes are being developed to minimize the growing costs of AIDS and to ensure that care is available to anyone who is infected, or who has AIDS.

THE AIDS INFORMATION EXPLOSION

The number of AIDS cases has steadily increased since the first cases of AIDS were discovered in 1981. The scientific literature on AIDS has also steadily increased, as shown in the figure below.



Cumulative number of AIDS cases in the United States of America, reported to Centers for Disease Control, Atlanta GA (broken line), and cumulative number of publications on AIDS, indexed by the National Library of Medicine Literature Search on AIDS (solid line).

AIDS has had immense impact on the health care system and upon the public. The demand for information has been immense. The topics are diverse, reflecting the scientific information, health and social care needs and public impact produced by this epidemic. Scientists, health care workers, and the public are being informed about AIDS and HIV infection through scientific literature, government and institutional reports, popular scientific publications, commentaries and news reports. Widespread interest and the immediate need to know about AIDS is exemplified by press reports of discoveries or developments. Often these reports precede publication of scientific papers. Sometimes, this has produced controversy, inaccurate or incomplete information, and urgent demands for information, especially for the scientific and background publications relating to these reports.

AIDS has had impact upon almost every aspect of society. Literature being produced reflects this diversity. This includes literature on AIDS and HIV infection relating to clinical medicine, immunology, virology, psychology, and public health

disciplines, health care delivery, economics and policy, education, sociology, law, and ethics. Educational information has also been directed to the public, business and industry, educational and other public institutions, and groups at risk of becoming infected with HIV. Guidelines and specific educational materials are being prepared for the public and specific groups to prevent the spread of HIV infection. Education is essential to control the spread of this infection. This requires up-to-date, authoritative information. These materials should be readily available to anyone who may request or need this information.

Initially, most major developments relating to AIDS were published in a small number of journals: *American Journal of Medicine*, *Annals of Internal Medicine*, *Canadian Medical Association Journal*, *Journal of the American Medical Association*, *Lancet*, *Nature*, *New England Journal of Medicine*, and *Science*. Information is also published in *MMWR Morbidity and Mortality Weekly Reports* and the *Canada Diseases Weekly Report*. As efforts to understand and control AIDS have increased, so has the mass of information. Specialized journals and reports carry more and more information about AIDS and HIV infection. A wide range of information sources must be accessible to provide comprehensive and current information to health care workers. Medical libraries which are actively collecting reference materials on AIDS and HIV infection expedite access and availability to the information, facilitate consulting this rapidly expanding knowledge base, and provide up-to-date information on a perplexing new disease.

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LE RÔLE DU GROUPE D'INTERET DES BIBLIOTHEQUES DE LA SANTE AU SEIN DE L'ASTED

Louise Deschamps
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Hôpital Notre-Dame
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INTRODUCTION

Bonjour à tous. Mon nom est Louise Deschamps. Je suis présidente du groupe d'intérêt des bibliothèques de la santé de l'ASTED depuis 1982. Mon mandat se termine cette année. Je travaille comme bibliothécairienne à la bibliothèque médicale de l'Hôpital Notre-Dame depuis 1973.

Je suis venue aujourd'hui vous parler du rôle du groupe d'intérêt des bibliothèques de la santé au sein de l'ASTED. Que faisons-nous ? Qui représentons-nous ? A quoi servons-nous ? Ce sont toutes des questions auxquelles je tenterai de répondre. Mais avant, je pense qu'il serait souhaitable que je vous dise quelques mots sur l'ASTED elle-même.

L'ASTED

Le mot ASTED signifie: Association pour l'avancement des sciences et techniques de la documentation. *"Le but de l'ASTED est de promouvoir l'ensemble des intérêts du milieu des services de documentation, de ceux qui y sont professionnellement engagés, et du public en général."*¹

L'ASTED groupe toutes les sortes de bibliothèques: les bibliothèques nationales, les bibliothèques de niveau universitaire, collégial ou scolaire, les bibliothèques spécialisées, les bibliothèques publiques ou gouvernementales, sans oublier les librairies ou les maisons d'édition. De ce fait, elle s'adresse à un public très diversifié: bibliothécaires, techniciens en documentation, archivistes, administrateurs, libraires, etc.

*"L'ASTED agit comme force de pression sur les divers niveaux de gouvernement et autres organismes dont dépendent le devenir des services de documentation."*²

Elle est souvent appelée à donner son avis sur différentes questions concernant le monde de la documentation. De plus, elle offre à ses membres des activités de perfectionnement non seulement dans le cadre de son congrès annuel mais également tout au long de l'année.

DEFINITION ET FORMATION DU GROUPE D'INTERET DES BIBLIOTHEQUES DE LA SANTE

L'ASTED regroupe différentes catégories de bibliothèques en Groupes d'Intérêts: spécialisées, scolaires, collégiales, publiques, médicales, etc. Les membres de l'exécutif d'un groupe d'intérêt doivent s'occuper des intérêts de ceux qu'ils

1 L'ASTED et vous (dépliant).

2 Idem.

représentent. Ils doivent être à leur écoute afin de leur fournir l'aide et les informations dont ils ont besoin.

Le groupe d'intérêt des bibliothèques de la santé de l'ASTED comprend environ 65 membres oeuvrant surtout dans les bibliothèques médicales francophones. Ils viennent de toutes les régions du Québec et même de l'est de l'Ontario et du Nouveau-Brunswick.

LE ROLE DU GROUPE D'INTERET DES BIBLIOTHEQUES DE LA SANTE

Je pense que la meilleure méthode pour vous expliquer le rôle du groupe d'intérêt des bibliothèques de la santé au sein de l'ASTED, c'est de vous donner un aperçu de ce que le groupe a entrepris depuis quelques années.

Les réseaux

Nous avons d'abord pensé qu'il était essentiel de pouvoir rejoindre toutes les bibliothèques médicales et en particulier celles étant situées en régions éloignées. Nous savions que des réseaux existaient déjà mais nous ne connaissions pas leur fonctionnement. Nous sommes donc entrées en communication avec eux. Lors d'une journée d'étude, nous avons invité les représentants de chaque région à venir nous parler d'eux.

Ici, je dois toutefois avouer que cette tâche n'est pas toujours facile car il nous faut la collaboration de tout le monde si nous voulons nous assurer que toutes les informations parviennent à tous. Les réseaux avec lesquels nous gardons contact sont:

- les bibliothèques de la santé de la région de Québec
- les bibliothèques de la santé de la région 02
- les bibliothèques de la santé d'Ottawa/Hull
- l'Absaum
- MMNHILA, le groupe de McGill
- Montreal Medline Users' Group

Les bibliothèques et l'administration

Face aux coupures budgétaires qui ont atteint presque toutes les bibliothèques il y a quelque temps, nous avons fait une enquête afin de savoir si certaines devaient faire face à des fermetures définitives. Cela ne fut pas le cas; et si cela l'avait été, nous aurions entrepris des démarches auprès des administrateurs afin de leur faire prendre conscience des avantages d'une bibliothèque dans un centre hospitalier.

Dans le but de sensibiliser les différents administrateurs de la santé à l'importance et au rôle des bibliothèques ou centres de documentation au sein de leur institution, nous avons tenu un kiosque les 28 et 29 mai dernier au congrès de l'Association des Hôpitaux du Québec. Ceci était une première.

Permettez-moi de vous en donner un aperçu. Les visiteurs étaient des membres du conseil d'administration, de la direction des services professionnels ou de la direction des services hospitaliers, des directeurs généraux, des directeurs des services auxiliaires et des directeurs de finances. Ces personnes nous ont posé les questions suivantes:

- Qui êtes-vous ?
- Que faites-vous ?
- Quelle est l'utilité d'un ordinateur dans une bibliothèque ?
- Comment fonctionnent les réseaux de bibliothèques ?
- Quelles sont les possibilités du PEB ?

Sur place, nous leur offrons gratuitement de leur faire une recherche automatisée sur Medline.

Il est important de bien se faire connaître dans notre milieu afin que tous, et non seulement les médecins ou le personnel infirmier, réalisent que la bibliothèque peut répondre à certains de leurs besoins.

L'ICIST et L'ASTED

Tel que demandé par l'ICIST, l'ASTED a nommé un représentant au comité consultatif du Centre bibliographique des sciences de la santé (CBSS). Cette nomination permet à l'ASTED d'être présente au sein d'un groupe qui s'occupe de documentation. Présentement, monsieur Louis-Luc Lecompte, bibliothécaire à l'Hôpital Ste-Justine est notre représentant et son rôle consiste à nous tenir au courant des différentes activités de l'ICIST et à apporter auprès de celui-ci nos demandes et nos problèmes face aux services offerts.

Activités de perfectionnement

L'ASTED tient à ce que ses membres se perfectionnent dans leur profession et elle encourage les groupes d'intérêt à promouvoir des activités ou les spécialistes de la documentation pourront parfaire leurs connaissances dans des domaines très spécifiques.

Aussi, le groupe d'intérêt des bibliothèques de la santé organise-t-il des journées d'étude ou des ateliers lors du congrès annuel. Jusqu'ici, les sujets suivants ont été touchés: la télé-référence, la loi 65, l'informatisation des services d'une bibliothèque, les systèmes experts, les bibliothèques d'associations. Le système ENVOY 100, les bases de données de la CSST et la relation utilisateur-spécialiste en information documentaire seront étudiés au congrès ASTED/CLA le 20 juin prochain.

Ces activités veulent non seulement parfaire les connaissances des membres mais elles veulent aussi aider le spécialiste de la documentation à mieux remplir ses tâches. Par exemple, nous avons déjà fait venir un spécialiste pour nous expliquer comment répondre le mieux possible aux questionnaires sur les bibliothèques dans le processus d'agrément des hôpitaux.

Après chaque activité ou journée d'étude, le groupe d'intérêt des bibliothèques de la santé de l'ASTED se fait un devoir d'envoyer un compte rendu à ses membres et à ceux qui y ont assisté. Prochainement, dans la revue *Documentation et bibliothèques*, vous aurez la chance de lire un article de Madeleine Dumais sur l'évaluation d'une petite bibliothèque. Cet article fait suite à un atelier tenu lors d'un congrès annuel.

Activités diverses

Le rôle de notre groupe d'intérêt consiste évidemment à répondre aux différentes demandes émanant de ses membres ou d'organismes rattachés au domaine de la santé. Malgré toutes les informations qui sont véhiculées, nous tentons de nous mettre à jour. Si nous savons qu'un sujet peut intéresser l'ensemble de nos membres, nous nous efforçons de les tenir au courant soit par l'intermédiaire du bulletin des **Nouvelles de l'ASTED**, soit par des envois postaux spéciaux. Par exemple, nous avons entrepris de nombreuses démarches afin de savoir quand serait prête la traduction française du MeSH.

De plus, chaque année, nous tenons une assemblée générale.

CONCLUSION

Comme vous pouvez le constater, les tâches à accomplir pour mieux aider nos collègues sont nombreuses. Il ne suffit pas de faire jaillir des idées, il faut également être en mesure de les réaliser. Pour ce faire, un groupe d'intérêt doit évidemment être à l'écoute de ses membres et il doit être prêt à mettre des énergies et du temps pour accomplir certaines choses. La survie d'une association dépend du bon vouloir de ses membres. La participation active de tous et chacun est importante. Et malgré tous les efforts que cela demande à quelques-uns d'entre nous, je continue à penser que l'expérience acquise est très enrichissante.

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THE ROLE OF THE HEALTH LIBRARIES SPECIAL INTEREST GROUP WITHIN ASTED

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The following is a summary in translation of an address given by Louise Deschamps at the CHLA conference in Montreal on 17 June 1986. Ms Deschamps' presentation appears on pages 79-82 of this issue.

ASTED (Association pour l'avancement des sciences et techniques de la documentation) is the principal francophone library association in Canada. It admits to membership not only all kinds of libraries -- government, university, schools, colleges, special and public -- but also bookstores and publishing houses. Its members are librarians, technicians, archivists, administrators, publishers and booksellers. In addition to its educational activities, it also acts as a pressure group and takes an advisory role with the government.

The Health Sciences Special Interest Group of ASTED consists of about 65 members, mostly from francophone medical libraries from all over Quebec as well as eastern Ontario and New Brunswick.

Networks

We keep in touch with regional library networks spread over a large area: representatives are invited to annual workshops. These networks include the regions of Quebec City, Saguenay-Lac-St-Jean, and Ottawa/Hull, as well as the associations of teaching hospital libraries affiliated with the Université de Montréal and McGill University.

Relations with Hospital Administration

There was the possibility that some of our libraries might have been closed as the result of budget cuts. This, in fact, did not happen, but we would have considered it our role to come to the defence of a threatened library.

We had a booth at the last Quebec Hospital Association annual meeting to publicize the important role of the library in the hospital. Free Medline searches were offered, and much interest was generated.

Relations with CISTI

Our group sends a representative to the Health Sciences Advisory Council of CISTI (presently M. Louis-Luc Lecompte from Hôpital Ste-Justine) in order to keep in touch with their activities and to make our own needs known.

Continuing Education

Our group holds an annual "study day", as well as workshops at the Annual Meeting. Subjects covered recently were: online services, automation, expert systems, ENVOY 100, and libraries of associations. We have also helped our members with answering questionnaires for library accreditation. The material covered in each workshop is summarized and sent to members.

An article by one of our members -- Madeleine Dumais -- on the evaluation of a small library is to be published in the ASTED journal *Documentation et Bibliothèques*.

Other Activities

Steps are now being taken to encourage the completion of a French translation of the MeSH headings.

* * * * *

Danielle Saucier

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Mesdames et Messieurs, bonjour. Je n'ai pas l'habitude de parler en public, aussi vous voudrez bien m'excuser si je commets quelques maladroites. Si au cours de cet exposé vous avez des questions à poser ou des éclaircissements à demander, je me ferai un plaisir d'y répondre dans la mesure de mes moyens dès la fin de cet exposé.

Je représente aujourd'hui un réseau de bibliothèques de santé qui couvre une bonne partie de la région Saguenay-Lac-St-Jean, à un peu plus de 500 kilomètres au nord-est de Montréal. Notre réseau comprend actuellement six bibliothèques, soit celles des hôpitaux de Chicoutimi, Jonquière, Alma, Roberval, de l'Institut Roland-Saucier et le centre de documentation du Centre de services sociaux de Chicoutimi. A l'origine, le centre de documentation du C.R.S.S.S. de Chicoutimi faisait aussi partie de notre équipe, mais nos intérêts étant trop divergents de par la vocation administrative du C.R.S.S.S., ce dernier s'est retiré de l'association. Nous sommes de petites bibliothèques dont une seule compte plus d'un employé, celle de l'Hôpital de Chicoutimi.

Lorsque nous avons tenu notre première réunion, au printemps de 1980, il y avait déjà quelques temps que nous communiquions par téléphone et que nous effectuions certains échanges de renseignements et de services, mais les problèmes inhérents à l'isolement et aux restrictions budgétaires auxquels nous devons faire face nous ont portées à vouloir nous rencontrer. Depuis cette première rencontre, nous avons continué à nous réunir deux à trois fois par année en moyenne. Nous sommes toujours six bibliothèques, mais nous faisons des représentations occasionnelles auprès d'autres organismes de santé de la région pour inviter ceux qui ont un centre de documentation à se joindre à notre groupe.

Nos premières rencontres nous ont servi d'abord à nous connaître, à nous sentir moins isolées et à faciliter les échanges et les prêts entre bibliothèques. Nous avons ensuite construit manuellement un catalogue collectif de nos périodiques. Ce catalogue est actuellement en révision, suite d'abord à l'incendie qui a ravagé l'Hôtel-Dieu d'Alma en 1983, suite aussi à l'épuration et/ou à l'agrandissement de nos collections respectives. Dès que le catalogue collectif sera refait, peut-être cette fois-ci à l'aide de l'informatique, nous pensons l'offrir aux bibliothèques de santé intéressées moyennant un montant non encore déterminé qui nous permettra de couvrir les frais de reproduction. Nous prévoyons effectuer une mise à jour et/ou une refonte de ce catalogue tous les trois ans environ.

Nous avons aussi commencé à monter un catalogue collectif partiel de la documentation en ce sens que chacune d'entre nous faisait parvenir aux autres membres du réseau une fiche-sujet de tout volume classifié chez elle, car il faut vous dire en passant que le hasard a voulu que seules des femmes soient responsables des bibliothèques de santé de notre région faisant actuellement partie du réseau. Nous

avons par la suite révisé ce système et envoyé un jeu de fiches auteur-titre-sujet des dernières acquisitions à l'Hôpital de Chicoutimi qui devait nous servir de centre de référence. Ce système ne s'étant pas avéré aussi efficace que nous l'espérions en regard de l'énergie dépensée, nous nous contentons maintenant de faire parvenir à chacun des membres du réseau une liste périodique des nouvelles acquisitions. Comme vous le voyez, nous procédons par essais et erreurs et le temps et l'expérience nous permettent de rationaliser notre travail et notre collaboration.

Nous éprouvons certaines difficultés communes, telles l'isolement, le manque de personnel, le manque de ressources, qui nous ont portées à nous regrouper dans le but d'utiliser au maximum ce que nous possédons. Par exemple, l'endroit où je travaille étant spécialisé en santé mentale, les autres responsables de bibliothèques savent pouvoir faire appel à mes services en ce domaine, alors que je sais pouvoir appeler à l'Hôpital de Chicoutimi ou de Jonquière pour la médecine physique, à Roberval pour la santé communautaire, ou au C.S.S. pour les sujets se rapportant de plus près au service social. Dans cette perspective, nous envisageons d'ailleurs d'en arriver à une certaine planification de nos abonnements, tenant compte à la fois des besoins particuliers de chaque bibliothèque et des possibilités d'accès aux revues non essentielles. De cette façon, nous pourrions améliorer l'éventail des titres malgré la limitation de nos ressources financières.

Dans le même ordre d'idées, nous avons établi une liste des principales adresses où nous faisons des demandes de prêt entre bibliothèques, avec les prix et les conditions de ces établissements. Une enquête par correspondance effectuée par la responsable de la bibliothèque de l'Hôtel-Dieu d'Alma nous a d'ailleurs beaucoup aidées dans ce travail, qui n'est pas encore tout à fait complété.

Etant donné le manque chronique de temps et de personnel qui nous affecte, nous avons décidé d'un commun accord de modifier le catalogage et la classification afin de les rendre plus rapides et plus faciles. Ainsi, nous utilisons maintenant toutes le "Congrès-médecine" comme classification, à l'exception du C.S.S. qui possède son propre système-maison. De même, nous ne faisons plus de fiches co-auteur, ni de fiches collection et nous utilisons le répertoire de vedettes-matières de l'Université Laval afin de normaliser nos sujets.

Nous possédons depuis quelque temps un petit "journal", tiré à un seul exemplaire, que nous faisons circuler entre nous et par lequel nous échangeons communications et informations de toutes sortes sur les dernières parutions, les prochains colloques, nouvelles syndicales, professionnelles ou autres.

A l'enseignement des dernières réalisations et des projets en cours, il y a en plus un catalogue collectif des périodiques, une liste commune de nos outils documentaires et de recherche pour en faciliter l'accès et en planifier l'acquisition et/ou la fabrication. Dans cet ordre d'idées, nous projetons aussi d'unir nos voix dans le but d'obtenir des autorités compétentes une amélioration technique (matériel pour microfiches, accès à l'informatique ou autre) de nos outils de travail et d'accès à l'information. Finalement, l'une d'entre nous, Mme. Morin de l'Hôtel-Dieu d'Alma, a récemment effectué un sondage auprès de plusieurs bibliothèques de santé afin de comparer les types de données statistiques cumulées à chaque endroit et nous permettre ainsi d'établir un système statistique complet et uniforme pour notre réseau.

Voilà, ceci vous donne, je pense, une idée de nos objectifs et de nos réalisations passées, présentes et à venir. En somme, nous tentons de mettre en commun idées et ressources afin de donner le meilleur service possible avec les moyens disponibles et de demeurer dynamiques malgré l'isolement et la solitude dans lesquels nous nous trouvons.

* * * * *

THE HEALTH LIBRARY NETWORK, REGION 2

Elaine Waddington (translator)

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Montréal, Québec

The following is a summary in translation of an address given by Danielle Saucier at the CHLA conference in Montreal on 16 June 1986. Ms Saucier's presentation appears on pages 84-86 of this issue.

The Network of Health Libraries of the Saguenay-Lac St-Jean region has six members; it includes the hospital libraries of Chicoutimi, Jonquiére, Alma and Roberval, the library of the Institut Roland-Saucier and the library of the Social Service Centre of Chicoutimi.

All the libraries but one have only one staff member, and have the usual budgetary restraints, as well as the additional problem of geographic isolation. The librarians met in 1980 to form a consortium which now tries to get together at least two or three times a year.

Projects

A manually-prepared union list of serials of network libraries now needs revision, mainly as the result of a fire in the Hôtel Dieu d'Alma and changes in the other collections. Revisions are planned every three years, perhaps with the help of automation. It is hoped that sales to other libraries will cover the costs of preparation.

A union list of monographs was planned, but was discontinued as a result of the amount of work involved. Now each library simply sends the others its accessions lists.

A newsletter is circulated among members to keep them up to date about meetings, union activities, acquisitions, and the like.

Rationalization and Simplification

Members use a simplified NLM classification with no co-author entries or analytics. A list of French subject headings from Laval University is used.

The collections are rationalized in that one hospital specializes in mental health, and others in physical medicine, community health, social services, etc. A plan to rationalize subscriptions is also under way.

Future Projects

The participating libraries are planning to use a uniform method of reporting their statistics. A union catalogue of reference and research tools is projected.

Outside experts will be brought in to give technical help in computerization and the use of microfiche.

A survey is now being carried out in order to produce summaries of ILL policies of various libraries.

The goal of the Network is to give the best possible service, given the geographic isolation and the budgetary restraints of the member libraries.

* * * * *

Nominations for the CHLA

AWARD OF OUTSTANDING ACHIEVEMENT

are now being received by the Board of Directors.

"To be eligible for the Award of Outstanding Achievement, a candidate must have made a significant contribution to the field of health sciences librarianship in Canada. The candidate's contribution must be of more than passing importance, interest, or local advancement. In addition, the candidate must fulfill at least one of the following:

- 1. be currently registered as a member of the Association, OR*
- 2. be currently employed as a health sciences librarian, OR*
- 3. have been a health sciences librarian for part of a currently active career, OR*
- 4. currently teach a formal course in health sciences librarianship, or have taught and made a significant contribution to the development of health sciences curricula."*

(Quoted from the **Canadian Health Libraries Association Executive Manual**, Appendix A)

Nominations must be made IN WRITING and mailed to :

Dorothy Fitzgerald, President
Canadian Health Libraries Association
McMaster University Health Sciences Library
1200 Main St. W.
Hamilton, Ontario L8N 3Z5

Nominations must provide specific examples of the nominee's contributions to the field of Canadian health sciences librarianship. A *curriculum vitae*, including publications of the candidate, should be included. Nominations must be received by 1 January 1987.

COMING OF AGE IN CANADA -- CANADIAN CONTRIBUTIONS TO THE INTERNATIONAL MEDICAL
LIBRARY CONGRESSES

Frances Groen

Life Sciences Area Librarian
McGill University
Montréal, Québec

In the years between the first International Congress on Medical Librarianship in 1953 and the fifth in 1985, the Canadian health information scene altered dramatically. This paper has two objectives: 1) to look briefly at major developments in the Canadian health library community between 1953 and 1985; 2) to review the Canadian contribution to these five international congresses.

THE LONDON MEETING

Five international medical library congresses have been held between 1953 and 1985, the first occurring in 1953 in London, England. Irwin Pizer has written that the mood of this first congress was an optimistic one. It would appear that the profession of medical librarianship had come of age. To quote Pizer:

*"There was a critical mass of medical librarians in the world who had proven their value to the medical profession in many lands; medical librarianship was a specialty without which the medical profession could no longer function effectively and much could be usefully accomplished by international discussion of problems and practices."*¹

The congress program for 1953 reflected the substantial role already played by the U.S. National Library of Medicine in the control and provision of medical information on a world wide basis.

This increased prominence for medical libraries as expressed in this first congress was not fully echoed on the Canadian scene. The program for the congress records no presentations by Canadians, although librarians from the Royal Victoria Hospital in Montréal and the Hospital for Sick Children in Toronto were in attendance, as was Dr. W.W. Francis, listed among the participants as "Osler's Librarian".

The Canadian medical library community had yet to come together as a political and a professional entity in 1953. We had to wait until 1957 -- four years after this first International Congress on Medical Librarianship -- for the library of the National Research Council to become the National Science Library of Canada. Only ten of Canada's present sixteen medical schools were in existence at the time, and the Canadian Library Association, founded in 1947, was itself only six years old.

¹ Pizer IH. *The International Congress on Medical Librarianship: thirty years of evolutionary change.* IFIA Journal 1985; 11: 107.

THE WASHINGTON MEETING

By the time the second congress met ten years later in Washington (1963), the library world was on the threshold of automation. The proceedings of this meeting indicate an increased awareness of information management and technology in providing access to the medical literature. MEDLARS 1 had only recently been announced at the time and the international leadership role of the U.S. National Library of Medicine was acknowledged in the choice of the U.S. capital as the conference site.

Canadian representation at this 1963 meeting was large; the conference proceedings record 50 Canadian registrants, a number of whom are well-known to the Canadian medical library community today. Doreen Fraser, Librarian at the University of British Columbia Biomedical Library at the time of the congress, presented her paper on recent developments in Canadian medical libraries to the international audience attending. With considerable prescience, she reviewed a report on medical school libraries (there were then twelve schools in Canada) submitted to the Royal Commission on Health Services. This document, commonly known as the Simon Report, was a landmark in the story of the delivery of health information in Canada and its appearance at the time of the Second International Congress on Medical Librarianship is a noteworthy coincidence.

THE AMSTERDAM MEETING

The Third International Congress of [sic] Medical Librarianship was held in Amsterdam in 1969. In the years between the second and third congresses, significant developments had taken place on the Canadian library scene. In 1966, an amendment to the National Research Council Act gave statutory recognition to the National Science Library. A federal cabinet decision in 1969 directed the National Research Council to serve as the coordinating body for the development of a Canadian network for scientific and technical information. This decision set the scene for a decentralized network.

I believe that the Canadian medical library community truly came of age during the years between the second and third congresses. The factors which brought this about include the dedication of librarians who took the initiative to point out their needs and to guide their government in assuming a role in the development of a health information network. The Canadian government designated an agency which would make Medline available, and which would assume responsibility for training Canadian librarians on the system. The Health Sciences Resource Centre was established at the Canada Institute for Scientific and Technical Information (CISTI) -- the former National Science Library -- and its first head, Mr. George Ember, introduced the Centre to the international audience assembled at the Third International Congress of [sic] Medical Librarianship in Amsterdam. His paper on this "new information service" to the Canadian health sciences community still makes interesting reading today for its optimism and faith in the future of the Canadian network.

Eleven years passed between the third and the fourth international congresses on medical librarianship. During these years, a magnificent new building housing the Canada Institute for Scientific and Technical Information was opened. During the 1970's, librarians continued to work towards the automation of their libraries and to develop strategies for dealing with reductions in funding as the optimism of the sixties gave way to the oil crisis of the seventies. Reductions in the value of the

Canadian dollar on the international scene began to affect the collections of medical libraries. Canadian health librarians were becoming more aware of the need to form their own association for political as well as economic reasons. The period between the third and fourth international congresses saw the development of an autonomous association of Canadian health sciences librarians -- the Canadian Health Libraries Association (CHLA) -- meeting today on its tenth anniversary.

THE BELGRADE MEETING

The Fourth International Congress on Medical Librarianship was held in Belgrade, Yugoslavia, in 1980 and marked the first time the congress site was outside Western Europe or North America. The choice of this location pointed to an increased consciousness on the part of the profession of the need for cooperation between medical librarians from the developed and the developing worlds. The theme of the congress: *Health Information for a Developing World*, placed emphasis on *information* rather than on *libraries* and stressed the concepts of *cooperation* and *networking*.

Papers delivered at this congress reemphasized the role of the World Health Organization in providing computer searches and photocopies of journal articles through its regional organizations in the developing countries of Africa, Southeast Asia, the Eastern Mediterranean and the Western Pacific. Presentations from the developing world told over and over again of inadequate support for health libraries and also made clear the desire of librarians in these countries for centralized national information policies reflecting social purpose.

At this congress, too, the Section of Biological and Medical Sciences Libraries of the International Federation of Library Associations (IFLA) was designated the coordinating body for future international congresses on medical librarianship. Three hundred and seventy-five participants at this fourth congress indicated their support for the international congress as a forum for the exchange of ideas, the formation of working contacts and the improvement of international cooperation.

For the first time in 1980, the Canadian International Development Agency (CIDA) channelled funds through the CHLA to assist the participation of Third World medical librarians at the Belgrade meeting. The Canadian health library community supported the goals of the congress (*Health Information for a Developing World*), intellectually through their papers and their participation, and financially through the support provided by CIDA. This financial assistance, first provided in 1980, was increased for the Fifth International Congress on Medical Librarianship held in Tokyo in 1985.

THE TOKYO MEETING

Participants in international congresses have an unusual opportunity to learn about developments in their profession in the host country, and to develop an understanding of different cultures. The fifth international medical library congress in Tokyo was not an exception to this generalization. The richly complex heritage of Japanese medicine, combined with the rapid development of Japanese information technology, made the fifth international congress most rewarding. A conceptual shift was evident at the congress. Where the fourth congress had emphasized the "developing world", the fifth was concerned with "one world". This congress reviewed resources, cooperation and services in the developing and the developed worlds. There were 567 congress delegates in attendance, representing 64 countries. They heard 125 papers

delivered by speakers from 36 countries. In addition, five continuing education courses sponsored by the Medical Library Association (MLA) were presented. These had been chosen with the needs of the delegates from the developing world especially in mind.

The conference theme: *One world*, complemented the World Health Organization's goal: *Health for all by the year 2000*. The lack of availability of data regarding the Third World was stressed by Mr. Adrian Senadhira in his theme speech on resources. He shared with delegates the problems resulting from the "fugitive" nature of much Third World medical literature. Excellent papers by delegates from the developing countries went on to discuss problems created by inadequate access to information resources, inadequate funding and difficulties with currency exchange. Efforts are being made to address some of these problems, regionally, by the World Health Organization's Southeast Asia Regional Office programme known as *Health Literature, Library and Information Services* (HELIS), and by the Southeast Asia Medical Information Centre (SEAMIC). The activities of these agencies were evident in the many special meetings they held for participants during the congress period.

Participation of librarians from the developing world was essential if the theme of the congress (*One world*) was to have any real significance. To assist this participation, the CHLA obtained from CIDA a grant to support attendance by librarians from the developing world. The CIDA grant -- increased from \$12,000.00 in 1980 to \$21,000.00 in 1985 -- enabled developing world participants to present papers and to attend continuing education activities. These funds supported delegates from Bangladesh, Sri Lanka, Sierre Leone, India, Uganda and Ghana.

Canadian concern was demonstrated at the Tokyo meeting, however, by more than financial support. There were eight Canadians in attendance at this meeting, representing hospital and university libraries and the International Development Research Centre. Five Canadians contributed papers on widely varying topics. Frances Delaney -- representing the International Development Research Centre -- discussed new directions for health information in the developing world. Jean-Paul Jette, of the Université de Montréal, reviewed sources of information for veterinary medicine using the Telum database. Babs Flower speculated on the gatekeeper and the satellite in the delivery of medical information. Professor Geoffrey Pendrill of the University of Western Ontario published his research on information-seeking behaviour among hospital doctors in the conference proceedings. My own paper explored the extent to which the Matheson model is relevant as a tool for forecasting the development of medical information management in Canada.

THE NEXT MEETING AND BEYOND

Planning is already underway for the sixth congress, to be held in New Delhi, India, in 1990. The intervening years may well be financially difficult ones for health sciences librarians in Canada. In such times, programmes of associations and institutions are likely to be highly scrutinized. As purse strings tighten, individuals focus on local needs and phrases such as, "Charity begins at home," are likely to be heard. Why then, should a small, self-help association whose primary objective is the improvement of health library practice in Canada, be interested in the international scene?

Health librarians in Canada have a unique contribution to make to international development. As information managers, we are in the vanguard of developments in

communications. The means by which a nation communicates and gains access to information to improve the quality of life is unequally shared around the world. Many developing countries lack the most basic information resources which Canadians take for granted. For example, the African nations, together, publish only one per cent of books printed throughout the world.

Canadian health librarians are in an excellent position to support the goal of the World Health Organization: *Health for all by the year 2000*. There is much reason for optimism in realizing this goal. To use only one example, nations of the world have cooperated to abolish smallpox. As an indication of the success of the international public health movement, Third World children born today can expect to live 10 years longer than their parents born 25 years ago. If information is an essential component of a quality health care system, it is important for developing countries to identify information which can assist them in promoting health.

As the year 2000 approaches, *Health for all* can be achieved through the continuing efforts of associations such as the CHLA and organizations like CIDA. A world in which good health, like information, is available to all is a realizable goal to which all of us can contribute.

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Pizer IH. *The International Congresses on Medical Librarianship: thirty years of evolutionary change.* *IFLA Journal* 1985; 11: 106-19.

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INTRODUCTION

The purpose of this article is to provide a basic non-technical introduction to optical disk technology, and a review of the library applications of this technology. A short reading list is provided to assist the reader in obtaining more detailed information and in tracking new developments as they take place.

Information storage capacities quoted in this article are in megabytes (MB) and gigabytes (GB). A *megabyte* is 1,048,576 bytes, where a byte is, typically, an eight bit character. A *gigabyte* is 1,073,741,824 bytes.

Assuming character-encoded pages with 4,000 characters per page, a gigabyte can store some 268,000 pages. The number of pages stored drops if they are stored in high resolution image form. The Library of Congress stores page images at 300 dots per inch resolution and finds that one gigabyte stores 10,000 - 15,000 pages.¹ The number of pages stored drops again if images are not only high resolution, but also in grey scale or colour.

THE TECHNOLOGY

A brief review cannot cover more than the broad outlines of the technology. The reader is referred to the reading list at the end of this article for further information. For brevity and clarity, this review is limited to optical disk media, products and services available in quantity on the North American commercial market in June 1986.

Types of Optical Information Storage Media

While this review is limited to the disk format, it is worth pointing out that card and tape formats will be used, increasingly, for certain applications within the next year or so. Optical tape is particularly suitable for mass storage where frequency of access is low and slow access speed is acceptable. A single reel of optical tape may hold 1,000 GB of data (five hundred times the capacity of most double-sided 12 inch diameter optical disks). Storage of large volumes of satellite data is the type of application to which optical tape is likely to prove well-suited. Optical cards are at the other end of the storage capacity spectrum. Typically, they

¹ Library of Congress Optical Disk Print Pilot Program (1983-1985); program and system information. Washington: Library of Congress, 1985: 2.

hold some 2 to 4 MB of data. This is between one-thousandth and one five-hundredth of the capacity of most double-sided 12 inch diameter optical disks.

Cards can be "read only" or "write-once-read-many" (WORM). "Read only" cards are projected as a viable means of publishing computer software, technical manuals, periodicals, and other document applications.² "Write-once" or WORM cards may be used to hold personal identification, medical history, and financial accounting information.

Major Current Optical Disk Media

"Optical disk" in this article refers to a disk on which information is recorded in the form of markings (pits, bumps, spots, or marks) by an optical system. The optical recording system normally employs a laser. A common width of marking is 0.5 microns, or one two-thousandths of a millimetre.

Optical disk media can be categorized in numerous ways. One categorization is by diameter size. The most common diameter sizes are, presently, 4.72 inches and 12 inches. These are nominal, not exact, sizes. The nominal 4.72 inch diameter corresponds to a nominal 12 centimetre diameter; similarly, nominal 12 inch corresponds to nominal 30 centimetres. 4.72 inch diameter disks are commonly referred to as "compact disks" or CD's. Compact disks are currently of two kinds: compact digital audio disk (CDAD), and compact disk read only memory (CDROM). CDAD's are the audio disks which one sees everywhere in stores selling sound recordings. They hold up to 74 minutes of extremely high quality audio per side. CDROM's hold between 500 and 600 MB of user data per side. Another current disk size is 8 inch diameter. This is used for rock video and for some office automation systems. 5.25 inch diameter disks are beginning to be produced in volume and are expected to be sold in considerable quantities for write-once drives attached to computers, particularly microcomputers. Smaller sizes of disk are projected. For example, 3.5 inch diameter disk systems are at the beta test stage.

Another categorization of optical disks is "read only" or "write-once-read-many" (WORM) disks. Erasable disks are not yet available in quantity on the commercial market. "Read only" disks are pressed in quantity from a master and are the choice for publishing in quantity. WORM disks are written one-at-a-time and are suited to applications (such as archiving) requiring only a very small number of copies. Table # 1, below, compares Pioneer "Read Only" disk mastering/pressing charges and Thomson Gigadisc WORM prices.

A third categorization of optical disks is disks with digital encoding and disks with analogue encoding. The term "videodisc" is currently used for all analogue encoded disks. Analogue encoding employs variably spaced marks of variable length on the disk recording surface. Digital encoding employs regularly spaced marking positions which are, more or less, uniform in size within any one disk track or single turn of the disk spiral. While there are a few players on the market which can read both digital and analogue disks, most disk readers read only one of these formats. Videodiscs are most commonly used to store video and sound. Used in this way, a 12

² Scherwin JB. *The potential role of Drexon Laser Cards in optical publishing. Videodisc and optical disk* 1985; 5: 288-93.

inch videodisc normally has a maximum playing time per side of between 30 and 60 minutes. The lower figure is for Constant Angular Velocity (CAV) disks designed for continuous, non-interactive play. Videodiscs can also be used to record digital information. This is accomplished by employing digital-to-analogue conversion in the recording process and analogue-to-digital conversion in the playback process. Two companies marketing systems using this technique are LaserData Inc., of Woburn, Massachusetts, and Reference Technology Inc., of Boulder, Colorado. Twelve inch disks produced using this process typically hold up to 800 MB of user data per side. This compares with 1 GB per side for the majority of 12 inch diameter digitally encoded disks not employing analogue/digital conversion.

Table # 1 "Read Only" disk mastering/pressing costs
compared with WORM disk prices*

* U.S. dollars per single-sided disk -- June 1986

Quantity	Pioneer CAV RO 12 inch diameter	Gigadisc WORM 12 inch diameter
1	\$ 2,100	\$ 560
4	535	560
100	31	560
1,000	12	560
10,000	7	560

Players

Prices noted in this section are single quantity end user prices. "Read only" systems are, generally, less expensive than WORM systems. Compact disk players start at about \$300.00 (U.S.). A high fidelity system is needed in addition to the player. CDROM players range from \$850.00 to \$1,600.00 (U.S.). In addition to the drive, the user requires an IBM PC/XT or compatible microcomputer with 256K memory. Videodisc systems vary greatly in price. Conventional videodisc players with built-in microprocessors range from about \$600.00 to \$1,600.00 (U.S.). In addition to the player, users need a monitor and, desirably, an amplifier and loudspeakers. Reference Technology Inc. markets a high end videodisc information storage and retrieval drive for around \$15,000.00 (U.S.).

Twelve inch diameter write-once disk players and controllers are generally in the range of \$18,000.00 to \$22,000.00 (U.S.). Such systems can be very expensive when all the other system components are counted. Other components include a mini- or microcomputer, monitors, printers, scanners, jukeboxes, and software. Office automation systems are marketed in the low hundreds of thousands of dollars up to more

than \$1,000,000.00 (U.S.). Drives for 5.25 inch diameter disks are at the low end of the write-once player price spectrum and are marketed in the range of \$4,000.00 to \$8,000.00 (U.S.).

LIBRARY APPLICATIONS

Applications of Read Only Disks

Compact digital audio disks are the library material of choice for music recordings. There are a number of reasons for this. Key CDAD advantages include superb sound quality and virtual freedom from wear and tear and cleaning problems associated with conventional records.

Videodiscs have been part of the audiovisual collections of libraries for years. A number of libraries loan videodiscs and readers to patrons. Videodiscs can also be used for interactive instruction and training, and for promotion, sales and publicity. The National Library of Canada uses a videodisc for publicity, among other things.³

The Optical/Electronic Publishing Directory 1986 lists 42 text-oriented optical disk publications. Of these publications, 26 are on CDROM only; 11 are on videodisc only, and 5 are offered on both CDROM and videodisc. The applications index of the Directory lists the publications under the following headings: Business, Engineering, Education/Academic, Government, Library Applications, Medicine, and Other. All the publications are potential library materials, assuming sufficient volume of use to justify their acquisition. The Library Applications disks are those to support library cataloguing, acquisitions, and reference services. All the medical publications listed in the Directory are quarterly CDROM services with annual subscriptions in the range of \$3,000.00 to \$8,000.00 (U.S.), with the exception of Medicine, Health Care and Biology, which has an annual subscription price of \$1,150.00 (U.S.). Medical optical disks on the market in June 1986, listed in the Directory, are as follows: Digital Equipment Corp.: Medicine, Health Care and Biology; Micromedex Inc.: Drugdex, Emergindex, Identidex, and Poisindex.

This type of publishing will, almost certainly, increase as player prices come down, standardization issues are addressed, and the electronic publishing market expands. A greater range of charging schemes is likely to develop. The present schemes are flat fees with no usage-sensitive element. Databases are likely to continue to be marketed with flat fees as one option. It is likely that other options will be added to this, for example, a lower flat fee, plus a charge per page/article/reference printed out. University Microfilms International, for example, included a transactional billing and royalty system in its prototype workstation.⁴

³ Optical disk technology and the library. (Canadian Network Papers, number 9). Ottawa: National Library of Canada, 1985: 33.

⁴ Press release: UMI announces plans to distribute optical-disc databases. Ann Arbor, Michigan: University Microfilms International, 1985 November 4.

Applications of Write-once Disks

Before long, the largest numbers of write-once disks are likely to be used in general-purpose microcomputer peripherals. Write-once disks are also likely to be used in some large systems for archiving machine-readable data in a format which is both more compact and has lower maintenance costs than magnetic tape. The Machine Readable Data Archives of the Public Archives Canada has an on-going project in this area. Write-once disks are used in a number of large information storage and retrieval projects, such as the Library of Congress Optical Disk Pilot Program,⁵ and the EURODOCDEL project of the Commission of the European Communities.⁶ Future mass storage applications may include the storage of medical images such as x-ray photographs.

READING LIST

Periodicals

Langley Publications, McLean, Virginia, U.S.A. Tel: (703) 532-5388
CD Data Report, monthly, \$195.00 (U.S.)

Meckler Publishing, Westport, Connecticut, U.S.A. Tel: (203) 226-6967
Optical Information Systems, bimonthly, \$75.00 (U.S.)
Optical Information Systems Update, biweekly, \$189.50 (U.S.)
Optical Information Systems Update/Library and Information Center
Applications, bimonthly, \$33.50 (U.S.)

Rothchild Consultants, San Francisco, California, U.S.A. Tel: (415) 621-6620
Optical Memory News, monthly, \$295.00 (U.S.)

Reports and Directories

Optical disk technology and the library, Ottawa, National Library of Canada, 1985. Free of charge.

Optical electronic publishing directory 1986, Carmel Valley, California, Information Arts, 1986.

Videodisc and optical digital disk technologies and their applications in libraries, Washington, Council on Library Resources, 1985.

Videodiscs, compact discs and digital optical disk systems, Hatfield, United Kingdom, CIMTECH, 1985.

⁵ Price JW. *The optical disk pilot program at the Library of Congress. Videodisc and optical disk* 1984; 4(6): 424-32.

⁶ EURODOCDEL; invitation to an experiment, Commission of the European Communities, 1985.

Michael Ridley

CDROM (Compact Disk Read Only Memory) is having a profound effect on the access to and availability of large databases. The high storage density of this technology, coupled with powerful microcomputers, can provide local, relatively inexpensive access to extensive databases. Having a CDROM version of a database mounted in-house eliminates the telecommunications and connect time charges which we all pay now for use of databases mounted on remote host computers and allows unlimited searching for the fixed subscription price.

Two vendors are known, currently, to be able to provide MEDLINE in the CDROM format:

Horizon Information Systems
1900 S. Sepulveda, Suite 200
Los Angeles, California
U.S.A. 90025

Telephone: (213) 479-4966

It is apparent from the advertising of these products that the vendors, themselves, are uncertain how to market this very new technology. Cambridge Scientific, for example, issued brochures promoting its version approximately six months ago. At that time, the system was still in the beta test phase, and the one-year subscription rate quoted was \$5,850.00 (U.S.). The pressure of the marketplace has since caused Cambridge to adjust their valuation of their product, for currently, a one-year subscription from this company has come down to \$975.00 (U.S.) !

There are a number of other issues which are critical to the introduction and success of CDROM based MEDLINE systems. Questions which any purchaser would need to have answered satisfactorily by a vendor can be grouped into three general areas : 1) search software, 2) database scope and update, and 3) technical issues.

1) Search Software

Does the search software supplied by the vendor have Boolean capabilities and search flexibility ?

Does it use familiar NLM / DIALOG / BRS commands, or does the searcher have to learn a new command language ?

Does it permit experienced database searchers to by-pass menus or the lengthy explanations needed by novice searchers ?

Does the software supplied by the vendor permit sophisticated searching ?

Can MeSH tree numbers be exploded ?

Can searches be saved for later use ?

2) Database Scope and Update

Is the database offered by the vendor the full MEDLINE database (1966-1986) ? or is it a subset ?

What sort of subset is it ?

Is it everything NLM offers in its version of MEDLINE between 1980 and 1986, or is it only the English citations, for example, from that period ?

Is the disk subscription updated monthly, or quarterly ?

How is it updated ?

Do you get a completely new disk, combining everything in one new disk, or do you have to juggle several disks in order to do a complete search ?

If the service doesn't provide disk access to the full MEDLINE database, how does the system facilitate searching backfiles (or, does it offer this service at all) ?

3) Technical Issues

Does the vendor advertise that the product adheres to proposed CDROM file standards ?

Can the system be networked ?

Is it possible to offer the service to remote locations via dial up or Local Area Network (LAN) connections ?

Is the software able to support multiple CDROM drives ?

MEDLINE on CDROM promises to be a major breakthrough in information retrieval for health sciences libraries. However, it is equally apparent that the relative inexperience of both vendors and users of this technology will require flexibility on the part of the former and diligence on the part of the latter if the new technology is to be introduced successfully into libraries.

NEW SERVICE CUTS COSTS OF DIALOG USE IN CANADA

The Ontario Centre for Microelectronics (OCM) has initiated a service for Canadian libraries wanting to reduce the cost of searching DIALOG databases.

Online Library Account Management (OLAM) may be of interest to librarians using DIALOG currently, or who have electronic facilities capable of DIALOG access. An agreement between the OCM and DIALOG Information Services permits OLAM to set up a Canada-wide library network for the search service and thereby to qualify for volume usage discounts. DIALOG sends one bill to OLAM for usage of its services by any OLAM member; members receive the full portion of the volume discount negotiated, less an administration fee. The discount is \$9.00 (U.S.) per connect hour for any DIALOG database used by a member of OLAM.

The software which manages this service was developed by Brian Silcoff, manager of OCM's Strategic Information Services. It was first used in February 1984 to cut DIALOG usage costs by 10% among the professional information groups of Ontario's six technology centres, the Ontario Ministry of Industry, Trade and Technology, and the Ontario Research Foundation. OLAM is an extension of this activity that makes the volume discounts available to the entire Canadian library system.

If you and your library could benefit from this innovation, or if you want further information about it, contact:

Brian Silcoff, Manager
Strategic Information Services
Ontario Centre for Microelectronics
1150 Morrison Drive, Suite 400
Ottawa, Ontario K2H 9B8

CALL FOR PAPERS

The theme of our next issue will be *Technical Services in Health Sciences Libraries* and the editors welcome manuscripts which relate to this topic in any way that may interest potential authors and readers. Papers on automation in serials, acquisitions or in cataloguing, on provision of any of these services in small hospital libraries, or on management of technical services processes or personnel would be very welcome. These suggestions are not meant, however, to exclude any other offerings or ideas that writers may wish to submit.

The deadline for submission of manuscripts to be published in v. 8(3) is 28 November 1986. Authors should consult the *Information for Contributors* pages at the beginning of this issue before submitting papers to the editors.

FROM THE HEALTH SCIENCES RESOURCE CENTRE

Marilyn Schafer, Head

Health Sciences Resource Centre
Canada Institute for Scientific and Technical Information
Ottawa, Ontario

GRATEFUL MED

GRATEFUL MED, the software package from the National Library of Medicine used for accessing MEDLARS databases via the personal computer is now available in Canada. Its features include offline search formulation, automatic conversion to proper searching format, automatic dialing and login, and automatic downloading of search results.

If you have an IBM PC or IBM compatible with at least 256K memory, at least one double-sided, double-density disk drive, DOS Version 2.0 (or higher) and a Hayes Smartmodem or completely compatible modem, you can use GRATEFUL MED.

Order GRATEFUL MED from NTIS just as you would all other MEDLARS search tools:

number - PB86-158482

price - \$29.95 (U.S.) + \$3.00 (U.S.) handling fee per order

If you have a MEDLARS UserID code, follow the instructions in the GRATEFUL MED User Guide and the insert titled: *Important Notice to Canadians*. If you do not have a UserID code, apply to:

Health Sciences Resource Centre
CISTI
National Research Council Canada
Ottawa, Ontario
K1A 0S2

Telephone: (613) 993-1604
ENVOY.100: CISTI.HSRC
CAN/OLE: OLEO3XM

SESQUICENTENNIAL YEAR OF THE U.S. NATIONAL LIBRARY OF MEDICINE: 1836 - 1986

An American Public Law which resolves that 1986 be designated as the *Sesquicentennial Year of the National Library of Medicine* cites the long history of service and technological innovation of the library, mentioning specifically the development of MEDLARS and its resulting improvement in access to biomedical information.

The Library traces its beginning to 1836, the first year that the Office of the Army Surgeon-General included a budget item to increase the holdings of the Office library.

WIDER DISTRIBUTION OF CISTI NEWS

On a recommendation from the HSRC Advisory Committee, all entries in the third edition of **Health Sciences Information in Canada: Libraries** have been placed on the mailing list for **CISTI News** if the organization is not already receiving it. Beginning with the fall issue, HSRC (Health Sciences Resource Centre) will have a regular column in **CISTI News**. This, we hope, will provide a vehicle for a wider dissemination of information about the work of HSRC.

A REMINDER ABOUT SCIENTIFIC TRANSLATIONS

The Canadian Index of Scientific Translations would like to have deposited with them a copy of any scientific article that you have had translated into English or French from any foreign language. In this way, the existence of the translation will be reported internationally and photocopies can be supplied by the CISTI document delivery service. See **Bibliotheca Medica Canadiana** 1985; 7: 85-88 for a full description of the Canadian Index of Scientific Translations.

Telephone: (613) 993-3372
ENVOY.100: CISTI.TRANS

HELLO AND GOODBYE

On 2 September 1986, Dianne Kharouba returned from maternity leave. We welcome her back at the same time as we say "goodbye" to Peter LeRoy who has been with us since January. Now that his contract with us is concluded, Peter is going on to a permanent position with Parks Canada in Ottawa.

* * * * *

DU CENTRE BIBLIOGRAPHIQUE DES SCIENCES DE LA SANTE

Marilyn Schafer, Chef

Centre bibliographique des sciences de la santé
Institut canadien de l'information scientifique et technique
Ottawa, Ontario

GRATEFUL MED

GRATEFUL MED, le logiciel de la National Library of Medicine permettant d'accéder aux bases de données du MEDLARS avec un ordinateur personnel est maintenant offert au Canada. Les caractéristiques du logiciel permettent la formulation en différée d'une stratégie de recherche, la conversion automatique au format d'entrée nécessaire,

l'appel et l'entrée en communication automatiques, ainsi que le téléchargement automatique des résultats de la recherche.

Si vous possédez un IBM PC ou un ordinateur compatible avec l'IBM et qui est doté d'une mémoire d'au moins 256K, d'une unité de disquette à double face et double densité, de la version 2.0 ou plus d'un système d'exploitation à disques (DOS) et d'un modem complètement compatible avec le Hayes Smartmodem, vous pouvez utiliser le logiciel GRATEFUL MED.

Vous pouvez commander le logiciel GRATEFUL MED du NTIS comme tout autre outil de recherche MEDLARS:

numéro = PB86-158482

prix = 29,95 \$ (US) + 3 \$ (US) (frais de manutention par commande)

Si vous détenez déjà un code d'utilisateur du MEDLARS, il vous suffira de suivre les instructions dans le guide accompagnant la disquette et de lire l'encart intitulé *Important Notice to Canadians*. Si vous n'avez pas de code d'utilisateur, adressez-vous à:

Centre bibliographique des sciences de la santé
ICIST
Conseil national de recherches Canada
Ottawa (Ontario)
K1A 0S2

Numéro de téléphone: (613) 993-1604
ENVOY.100: CISTI.HSRC
CAN/OLE: OLE03XM

CENT-CINQUANTIEME ANNIVERSAIRE DE LA NATIONAL LIBRARY OF MEDICINE: 1836 - 1986

Une loi américaine a décrété que 1986 soit désignée l'année du cent-cinquantième anniversaire de la National Library of Medicine. Par cette même loi, on fait l'éloge des services rendus et des innovations technologiques, et une mention particulière de la mise au point du MEDLARS et des conséquences bénéfiques qu'elle a eu sur l'accès à l'information biomédicale.

Les origines de la NLM remontent à 1836, la première année où le *Office of the Army Surgeon-General* a inclus un élément à son budget afin d'augmenter les fonds de sa bibliothèque.

LES ACTUALITES ICIST AURA UNE DIFFUSION PLUS LARGE

Suivant une recommandation du Comité consultatif du CBSS, toutes les bibliothèques recensées dans la troisième édition de la publication **Information en sciences de la santé au Canada: Bibliothèques** seront placées sur la liste d'envoi des **Actualités ICIST** si elles ne le sont pas déjà. A compter de numéro d'automne, le CBSS aura une chronique régulière dans les **Actualités ICIST**. Il est espéré ainsi que l'information sur le travail du CBSS aura une diffusion plus large.

UNE RAPPEL DES TRADUCTIONS SCIENTIFIQUES

Le Répertoire canadien des traductions scientifiques souhaite qu'on lui fasse parvenir une copie de tous les articles scientifiques en langues étrangères qui auraient été traduits en anglais ou en français. De cette façon, l'existence de ces traductions est signalée internationalement et des photocopies peuvent être fournies par le Service de fourniture de documents de l'ICIST. Pour une description plus détaillée du Répertoire canadien des traductions scientifiques, veuillez vous reporter au *Bibliotheca Medica Canadiana* 1985; 7: 85-88.

Numéro de téléphone: (613) 993-3372
ENVOY.100: CISTI.TRANS

BIENVENUE ET AU REVOIR

Le congé de maternité de Dianne Kharouba s'est terminé le 2 septembre 1986. Nous lui souhaitons la bienvenue en même temps que nous disons au revoir à Peter LeRoy qui travaillait avec nous depuis janvier. Le poste qu'il occupait à l'ICIST est arrivé à terme et il a accepté un poste permanent de bibliothécaire à Parcs Canada à Ottawa.

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PEOPLE ON THE MOVE

Gwen Wright, Health Sciences Librarian at the Bracken Library of Queen's University in Kingston, Ontario will be retiring, after five years in that position, on 31 October 1986. The position of Health Sciences Librarian will be filled by Vivien Ludwin, who has been Public Services Co-ordinator at the Bracken Library since 1976.

* * * *

Jennifer Bayne, Chief Librarian at the Chedoke-McMaster Hospitals (located at the Chedoke Hospital Division) in Hamilton, Ontario, will be leaving early in October to take up her new position as Chief Librarian at the Toronto General Hospital.

* * * *

Deidre Green, formerly Health Sciences Librarian at the Credit Valley Hospital in Mississauga, Ontario, has recently been appointed Director of the Hospital Library at The Hospital for Sick Children in Toronto.

* * * *

Bonnie Brownstein has been appointed Reference Librarian at the C.C. Clemmer Library of the Canadian Memorial Chiropractic College in Toronto as of 1 August 1986. A 1984 graduate of the University of Toronto Faculty of Library and Information Science, Bonnie was Manager of the Medical Library at the Belleville Psychiatric Hospital in 1984-1985, and has had contract positions in the Library of Parliament in Ottawa and in the library of York University in Toronto.

* * * *

Cliff Cornish replaces George Zizka as the librarian for the Victoria General Hospital, in Victoria, British Columbia. Cliff is a graduate of the University of British Columbia (U.B.C.) School of Library, Archival and Information Studies and has held positions as librarian at the U.B.C. Department of Psychiatry and as Reference Librarian at the University of Saskatchewan Health Sciences Library.

* * * *

Ilka Abbott has left the Registered Nurses' Association of British Columbia and has been replaced by Joan Aufiero. Joan began her library training at Simmons College and finished it at U.B.C. in 1980. She has recently held professional library positions at the British Columbia Law Library Foundation and at Simon Fraser University.

* * * *

Kim Isaac replaces Doreen Itkonen at the Prince George Regional Hospital Library in Prince George, British Columbia. Kim is a recent graduate of the U.B.C. School of Library, Archival and Information Studies, and worked last year as a Reference Librarian at the Prince George Public Library.

MEETINGS / WORKSHOPS

Ontario Hospital Libraries Association (OHLA) First Annual Meeting

Theme : Measure for measure

Location : Women's College Hospital, Toronto, Ontario

28-29 October 1986

Contact: Margaret Taylor, Children's Hospital of Eastern Ontario, 401 Smyth Road,
Ottawa, Ontario K1H 8L1

Margaret Beckman will deliver the keynote address: Measuring Library Effectiveness at 9:00 a.m. on the first day of the conference. Other speakers will discuss Research Methods for Hospital Libraries and Designing User Surveys. There will also be a Quality Assurance Workshop and tours of four Toronto hospital libraries.

* * * * *

A Workshop on Small Hospital Libraries

Sponsor: Ontario Medical Association Consulting Library Services

Location : Ontario Medical Association, Toronto, Ontario

27 October 1986

Contact: Jan Greenwood, Ontario Medical Association Library, 250 Bloor St. E., Suite
600, Toronto, Ontario M4W 3P8 Telephone: (416) 963-9383 (x230)

This is an introductory skills workshop for library personnel who require basic training. Participants will learn how to acquire library materials, where to obtain cataloguing information and how to assist hospital staff in obtaining health information.

* * * * *

Canadian Health Libraries Association / Association des Bibliothèques de la Santé du Canada 11th Annual Meeting

Theme: Maximizing resources: management, marketing, people, priorities.

Location: Holiday Inn Harbourside, Vancouver, British Columbia

24 - 27 May 1987

Contact: Nancy Forbes, Conference Co-ordinator, Biomedical Branch Library, 700 West
Tenth Avenue, Vancouver, British Columbia V5Z 1L5 Telephone: (604) 875-4505

Many CHLA/ABSC members in Vancouver have already begun the planning of the next annual conference of the association which will take place in the late spring of 1987. The conference location will be the Holiday Inn Harbourside, a lovely hotel, strategically located downtown on the waterfront. Stanley Park and Expo 86's Canada Place are close by, with lots of shopping and restaurants within an easy walk. The opening reception will be held at the Vancouver Aquarium where, if we have at least 100 in attendance, we can have our own whale show; plan now to attend this important meeting and enjoy a whale of a time !

Journée d'étude - Groupe d'Intérêt des Bibliothèques de la Santé
Montréal, Québec
7 Novembre 1986

Contactez: Louise Deschamps, Bibliothèque de l'Hôpital, Hôpital Notre-Dame, 1560 rue
Sherbrooke est, Montréal, Québec H2L 4M1

Le groupe d'intérêt des bibliothèques de la santé de l'Asted organisera une journée
d'étude à l'intention de ses membres le vendredi 7 novembre 1986 à l'Hôpital Notre-
Dame.

Deux sujets seront portés à l'étude. L'un d'eux sera la bibliothérapie. Vous vous
demandez peut-être en quoi consiste ce sujet ? Vous le saurez si vous venez le 7
novembre. Je peux vous dire que ce mot signifie beaucoup plus que vous ne l'imaginez.
Cette conférence s'adresse à tous ceux qui sont soucieux de trouver, pour leur
clientèle, le livre ou la documentation correspondant à une problématique spécifique.
Vous y apprendrez des choses que vous ne soupçonniez même pas . . .

Le deuxième thème, fort différent, vous fera voir le "fameux" sujet dont on parle
beaucoup à l'heure actuelle, le "end-user". Comment l'utilisateur de votre
bibliothèque peut-il faire lui-même une recherche automatisée ? Comment cela peut-il
être possible ? Quel est le rôle de spécialiste en documentation face au "end-user" ?

Je vous conseille donc de réserver tout de suite votre journée du vendredi 7 novembre
1986. De plus amples détails vous seront fournis lors d'un envoi postal spécial. Si
vous avez des questions, n'hésitez pas à appeler l'une des personnes suivantes:
Johanne Hopper (514) 343-7490, Robert Aubin (514) 323-7260, Louise Deschamps (514)
876-6862.

* * * * *

Introductory Workshop on Library Collections and Services in the Health Sciences
Sponsors: Toronto Health Libraries Association (THLA) and the Faculty of Library and
Information Science (FLIS), University of Toronto
Location: Queen Elizabeth Hospital, Toronto
15 November 1986

For information contact: Beverly Brown, Canadian Memorial Chiropractic College
Library, 1900 Bayview Avenue, Toronto, Ontario M4G 3E6

Intended primarily to provide FLIS students with an overview of health sciences
librarianship, this workshop will involve a great many Toronto area members of CHLA in
a general introduction to the field.

NEW PUBLICATIONS

Union List of Serials in Montreal Health Libraries / Catalogue Collectif des Périodiques dans les Bibliothèques de Santé de Montréal. 1st ed./Première éd.

The Montreal Health Libraries Association announces the availability of this new union list. Price: \$35.00; all orders must be prepaid.

Order from: Montreal Health Libraries Association
c/o Julia Main
Allan Memorial Institute Library
1025 Pine Avenue West
Montréal, Québec H3A 1A1

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The Bickell Introductory Lecture on Blissymbolics

The Blissymbolics Communication Institute announces publication of a new package designed to be one component in a course on augmentative and alternative communication. The package includes lecture notes, 12 slides and 16 overheads. Several "masters" are provided which may be reproduced as handout material. Background reading material accompanies the package.

For further information call (416) 444-6605 or write:

Ann Kennedy
BCI Marketing Manager
Blissymbolics Communication Institute
350 Rumsey Road
Toronto, Ontario M4G 1R8

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Proceedings of the 5th World Conference on Smoking and Health, 1983, volumes I and II.

The Canadian Council on Smoking and Health / Conseil Canadien sur le Tabagisme et la Santé (CCSH/CCTS) announces the availability of this new publication. Copies are available at a price of \$25.00 (Canadian) per volume from:

Canadian Council on Smoking and Health / Conseil
Canadien sur le Tabagisme et la Santé,
725 Churchill Avenue,
Ottawa, Ontario K1Z 5G7

For information contact: O.D. Lewis, Executive Director, CCSH/CCTS at (613) 722-3419.

NEW PUBLICATIONS

Adolescent Pregnancy in Ontario - Progress in Prevention, (Report #2) by Maureen Jessop Orton and Ellen Rosenblatt. [Hamilton, Ontario], Planned Parenthood Ontario, 1986.

Report #2 of the Planned Parenthood Ontario Adolescent Pregnancy Project based at the McMaster University School of Social Work appeared in the spring of 1986. It contains longitudinal and comparative analyses of trends in adolescent pregnancy in Ontario from 1975 to 1983, discussions of policy development in government ministries, community development of preventive programmes in sexuality education and a theoretical framework for prevention.

An earlier report (1981) by the same authors and from the same project, entitled: **Adolescent Birth Planning Needs - Ontario in the Eighties** is also still available.

Prices: Report #2 -- \$25.00
Reports #1 and #2 -- \$31.00

Please make cheques payable to: Planned Parenthood Ontario.

Order from: Planned Parenthood Adolescent Pregnancy Project
c/o School of Social Work
McMaster University
Hamilton, Ontario L8S 4M2

* * * * *

Health Sciences Information in Canada: Libraries, 3rd edition, NRCC no. 25677. Ottawa, Canada Institute for Scientific and Technical Information, 1986. Price: \$20.00

CISTI has just announced publication of the third edition of this important directory. Over 500 Canadian libraries with collections in the health sciences appear. Entries include name, address, telephone number, contact people, services offered to external users, collection size, subject specialties and much other information of possible interest to potential users.

All orders must be prepaid, or paid through an NRCC deposit account. Please make cheques payable to the Receiver General of Canada, credit National Research Council, and send, with request for purchase quoting publication name and number, to:

Publications Section
Canada Institute for Scientific and Technical Information
National Research Council Canada
Ottawa, Ontario K1A 0S2

Telephone: (613) 993-3736
ENVOY.100: CISTI.PUBS

CANADIAN HEALTH LIBRARIES ASSOCIATION BOARD OF DIRECTORS / BMC Staff

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Hamilton, Ontario L8N 3Z5
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Halifax, Nova Scotia B3H 4H7
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* * * * *

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British Columbia
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Vancouver, British Columbia V6J 2A9

BONITA STABLEFORD, Secretary
Library Services Division
Health Protection Branch
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Health and Welfare Canada
Ottawa, Ontario K1A 0L2
Tel: (613) 993-7603
Envoy Address: STABLEFORD.BA

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Dalhousie University
Halifax, Nova Scotia B3H 4H7

Natalia Poherecky
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Winnipeg, Manitoba R3E 0W3

HANNA WALUZYNIENEC, Director
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McGill University
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Montreal, Quebec H3G 1Y6
Tel: (514) 392-4341
Envoy Address: PEB.QMMM

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Toronto, Ontario M5G 1L7